POCZ HARDEN PENALTY
PRINTED: 05/22/2012

Division of Health Care Facilities FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING B. WING TN7201 05/15/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE LAURELBROOK SANITARIUM DAYTON, TN 37321 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) N 000 **Initial Comments** N 000 F226 483.13( c) Develop/ Implement Abuse/Neglect, etc. During the annual Licensure and complaint survey #27230, #27636, #27265, #28092, Policies. #27500, #28839 conducted on May 7, 2012, through May 15, 2012, the facility was cited a 1) Type "A" penalty for failure to be administered in Resident #1 a manner to ensure an effective system was in place to ensure the residents' were free from On 5/16/12 the Administrator abuse for four residents (#1, #2, #4) failed to conducted a late investigation investigate allegations of abuse for three on the allegation made by residents (#1, #16, #11), and failed to supervise to prevent accidents for six residents (#18, #2, resident # 1 that the #4, #14, #19, #26) of twenty-seven residents employee's spouse blocked reviewed which placed resident #1, #2, #4, #11, him in room, touched his #14. #16, #18, #19, and #26 in an environment arm, and threatened him. which was detrimental to health, safety and -5/27/12-Inservice given by welfare. Administrator to employees' 1200-8-6-.04(1) Administration N 401 spouse. (1) The nursing home shall have a full-time (working at least 32 hours per week) administrator licensed in Tennessee, who shall not function as the director of nursing. Any change of administrators shall be reported in writing to the department within fifteen (15) days. The administrator shall designate in writing an individual to act in his/her absence in order to provide the nursing home with administrative direction at all times. The administrator shall assure the provision of appropriate fiscal resources and personnel required to meet the needs of the residents. This Rule is not met as evidenced by: Based on medical record review, review of facility

Division of Health Care Facilities

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AND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM TN7201	PCLIA MBER:  A. BUILDING B. WING	PLE CONSTRUCTION G 01 - MAIN BUILDING 01	COMP	SURVEY
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7000				-Witness statement wadded to the abuse investigation form. A one in-service was git the employee's spouse Administrator on 5/1'-Employee's spouse an in-service on abuse neglect on 5/27/12On 5/29/12, the DON investigated an allegate abuse, using the new approved on 5/27/12, including witness state and documented interestable the Exhibit #3.  On 05/16/2012 the Administrator conduction investigation regarding resident #1's allegation employee's spouse mathreatening remarks to -Witness statement obtained and added to exhibit.  Exhibit #3-remarks to -Witness statement obtained and added to exhibit.	one on ven to se by the 7/12. attended e and vition of forms ements views. 25 ted an g n of an aking him. was the	5 29

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N000		N000	Resident #16 On 2/19/12, MDS Coordinator entered a remedical records noting inappropriate feeding befamily member. MDS Coordinator intervened replaced family member was feeding resident inappropriately at the tenoted occurrence.  Exhibit # 13	and er who ime of
			Abuse investigation phave been reviewed revised on 5/27/2012 DON, and approve Medical Dadministrator, and Committee 5/27/12. On 5/27/12, DON revision incident reporting processor abuse incidents the facility's Incident I form to improve tracking ensure investigation. Inservices given to all	by the ed by irector, QA seed seess to son Report ing and

	CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	IMBER:	A. BUILDING B. WING	E CONSTRUCTION  01 - MAIN BUILDING 01	COMP	SURVEY LETED
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N000				Now	LPN's, CNA's, Housekeeping, Dietar Social Worker, Maint Activities Director, L. PT, Office Staff, Administrator, Feedin Assists by DON and RN/BSN from 5/27/12 5/30/12. Staff not in attendance will no be work until inservices a complete. DON/RN w oversee inservices and to QA/PI.	enance, aundry, ag 2- able to are fill report sibit # 5 began ing 11 for ctions seces	\$ 29

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Noco				NOO	Nursing by DON on 05/29/2012.		5/24
					Abuse investigation p have been reviewed revised on 5/27/2012 I DON, and approved	and by the d by rector, QA  d sto n bort and N's,	

AND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPFIDENTIFICATION  TN7201	PLIER/CLIA NUMBER:	(X2) MULTIP A. BUILDING B. WING	LE CONSTRUCTION  01 - MAIN BUILDING 01	(X3) DATE S COMPL	ETED
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J000   :			i i	N000	work until inservices a complete. DON/RN wi oversee inservices and to QA/PI.	i11 -	5/29
					Upon notification that the were six employees with abuse checks conducted 5/16/12, the Office Manabegan obtaining abuse registry checks which we completed on 5/28/12. The documentation and the week were six employees the complete of the c	th no d, on nager  vere	
					of employee attendance a mandatory in-services i.e attendance and other in-swere evaluated by the DG a new process was imple on 5/29/12. Each employ have an attendance record the mandatory in-services on the attendance record with attendance date to be recorded when in-service attended. The DON will of mandatory in-services at twice a year to ensure an	at e. abuse services ON and mented yee will d with s typed form e is conduct	
!					opportunity for employee		

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	OOK SANITARIUN		114 CAMI DAYTON,	PUS DRIVE TN 37321	A.C. OF CODE		
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N000					attendance.  DON/Office Manager w oversee inservices and re QA/PI.  Inservices given to all RI LPN's, CNA's, Houseke Dietary, Social Worker, Maintance, Activities Dir Laundry, PT, Office Staf Administrator, Feeding A by DON and RN/BSN fro 5/27/12-5/30/12. Staff no attendance will not be ab work until inservices are complete.  Exhibit # 1	eport to  N's, eping, rector, f, assists om t in le to	5/29
					2) The DON reviewed the deficiencies stated in the 2 In-services were conducted 5/24, 5/27, 5/28 and 5/29 Abuse Investigations, Res Rights, Restraints, Safety, Investigation, Care of residents	ed 5/15, on – idents Fall	

AND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPL IDENTIFICATION N	IER/CLIA UMBER:	(X2) MULTIF A. BUILDING B. WING	PLE CONSYRUCTION  3 01 - MAIN BUILDING 01		LETED
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				1	with Seizures, and Beha Management.  In-services were given to RN's, LPN's, CNA's, Housekeeping, Dietary, Worker, Maintance, Act Director, Laundry, PT, Ostaff, Administrator, Fee Assists by DON and RN from 5/27/12-5/30/12. So in attendance will not be work until inservices are complete. DON/RN will inservices and report to Carbibit #  Exhibit #9  The following policies procedures have been changed to address the deficient practices:  -Use of Restraints -Behavior Assessment Monitoring -Side rail Assessment Admission and Quence Abuse Investigation -Resident Rights —  Guidelines for all Nursing Procedures All in-services given to all	social ivities office eding /BSN aff not able to oversee QA/PI. 15	5/29/

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P 16/16 PRINTED: 05/17/2012 FORM APPROVED

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1000				DOOD	LPN's, CNA's, Houseke Dietary, Social Worker, Maintenance, Activities I Laundry, PT, Office Staff Administrator, Feeding A by DON and RN/BSN from 5/27/12-5/30/12. Staff no attendance will not be able work until in-services are complete.  DON/RN will oversee intended and report to QA/PI.  Exhibit #10  Teachable moments/in-services and report to QA/PI.  Exhibit #10  Teachable moments/in-services and 5/25 the following topics: -Resident Rights and Digranger. Restraints i.e. Seclusion -Abuse/Seclusion for Resident August Management. Inservices given to all RN LPN's, CNA's, Housekeep Dietary, Social Worker, Maintance, Activities Direct Laundry, PT, Office Staff, Administrator, Feeding As by DON and RN/BSN from 5/27/12-5/30/12. Staff not	Director, f, assists om t in e to services ducted /12 on hity dent 's, ping, ctor, ssists n	5/29

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER TN7201	CLIA (X2) MUL ER: A. BUILD B. WING	minit Boilebild 01		LETED
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1000		No00	attendance will not be abwork until inservices are complete. DON/RN will inservices and report to Question and report to Question and resident with behavior diagnoses. The evaluation was documented in the resident's Medical Record on 05/27/12.  All resident's care planted and revised and revised and revised appropriate approaches/intervention abuse and seclusion are resident rights by the Mark Coordinator. This profession of the residents were assessed for S/S of abum MDS Coordinator/DON/ADON, completed approaches/intervention assessed for S/S of abum MDS Coordinator/DON/ADON, completed approaches/intervention and completed approaches/intervention abuse and seclusion are resident rights by the Mark Coordinator. This profession of the profession of the profession and the profession of the profe	oversee DA/PI.  1  cal d vith ion  The hented cal  ms were for  ms for hd MDS cess	5/29/

ANDPLANC	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLII IDENTIFICATION NU TN7201	ER/CLIA JMBER:	(X2) MULTIP A. BUILDING B. WING	LE CONSTRUCTION  01 - MAIN BUILDING 01	(X3) DATE COMP	SURVEY LETED
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Noos				NOOO	On 5/29/11 the Admin changed the company conducting background checks to a new instant National Criminal Background Check-Sentrylink. The chang were made to expedite receiving results of requackground check and National Sex offenders registry.  On 5/27 and 5/28 all employees files were offer abuse, and other receives by the Office Manager.	es uested	5/29

Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING TN7201 05/15/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE LAURELBROOK SANITARIUM DAYTON, TN 37321 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) N 401 Continued From page 1 N 401 F 490 483.75 Effective policies, observation, and interview, the facility Administration/Resident Wellfailed to be administered in a manner to ensure being four (#1, #2, #4, #11) residents were free from abuse, failed to investigate allegations of abuse, failed to provide staff in-services on abuse, failed 1) to provide supervision to ensure eleven (#1, #2, Upon notification by Surveyor of #3, #4, #5, #11, #14, #18, #19, #16 and #26) immediate jeopardy concerning residents were provided a safe environment, and abuse, failure to investigate failed to ensure one resident was provided mental health services (#5) of twenty-seven residents allegations of abuse, failure to reviewed. provide staff in-services on abuse, failure to provide The findings included: supervision, a safe environment Interview with the Administrator on May 8, 2012. and failure to provide resident #5 at 1:50 p.m., in the Administrator's office, mental health services, the confirmed no allegations of abuse had been Administrator and DON began investigated since December 23, 2010, and the facility's policy related to "Abuse Investigation" working on in-services, had not been implemented. reviewing and revising policies and procedure and evaluating the Interview with the Administrator on May 15, 2012, process for conducting abuse at 3:15 a.m., in the Administrator's office. confirmed the facility failed to provide in-services investigation and ensuring on Abuse to the direct care staff in 2011 and residents have mental health none to date in 2012. consults, this was started on 5/16/12 and continuing. C/O #27636 #27230 #27265 #28092 N 415 1200-8-6-.04(10) Administration On 5/26/12 the Administrator N 415 confirmed the contract agreement (10) When licensure is applicable for a particular with Healthcare Consultant to job, verification of the current license must be included as a part of the personnel file. Each assist with addressing personnel file shall contain accurate information compliance of the deficiencies as to the education, training, experience and sited on May 14 and 15 by the personnel background of the employee. Health Surveyors. Documentation that references were verified shall be on file. Documentation that all appropriate abuse registries have been checked shall be on

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V401			On 05/28/12 the Abuse Investigation / Incident Accident/ Investigating Reporting Policy / Res Management Policy we reviewed and revised by Health Care Consultant Health Care Consultant Health Care Consultant Health Care Consultant inserviced these policies DON, Administrator ar Director emphasizing the importance of eliminating use of seclusion, report investigation, using the Abuse Investigation Reform, timely investigate capturing all incidents.  Exhibit #  The DON implemented Behavior Assessment and Monitoring Program whincludes a consultation of Geriopysch Practitioner needed by residents. Effet following approval by the Medical Director and QAC Committee on 5/27/2012	t and g and traint as by the t. The t es with the ad Medical he ion of the ing abuse, Resident eport ions and  #29  a ich with when ective he ing abuse ich with when ective he ing abuse

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V401				1401	All residents admitted to facility will have a Soci Services Assessment / I according to facility point according to facility point Exhibit #  The facility will maintain compliance of checking registry on all new employers will be completed.  Exhibit #  DON will conduct mand services at least twice any ensure an opportunity for employee attendance. Efforts, 29/2012.  DON implemented a new Rail Assessment to be contained and admissions and Quarterly thereafter.  A Falls Prevention Programmed and The Falling Leaf Programmed	ial History licy.  77  in 100% abuse oyees  30  atory in- year to r fective  7 Side inducted d	5/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUME TN7201	/CLIA BER: (X2) MUL A. BUILD B. WING		(X3) DATE COMPI	LETED	
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J401		N401	was developed by the interdisciplinary team in 2012 and Physical Therap responsible for this progration. This has been reviewed at revised on 5/27/12 to prostaff and interdisciplinary members with an approace evaluating and identifying appropriate interventions.  The Falls Prevention Program includes a quarterly assess of resident rooms and bath equipment conducted by maintenance staff for need repairs. This assessment begun January 2012 and r 05/29/2012 to capture the appropriate documentation repairs.  Beginning 5/22/12 the Ph. Therapist began screening residents with falls.  Use of Restraint policy was developed by DON and applied without applied without applied without applied DON/ Medical Director.	by is arm.  and vide team that to gram sment that was evised as proved QA straints proval	5/29/1	

AMME OF PROVIDER OR SUPPLIER  LAURELBROOK SANITARIUM  STREET ADDRESS, CITY, STATE, ZIP CODE  114 CAMPUS DRIVE DAYTON, TN 37321  SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  NOTO  Exhibit # 10  After being informed by surveyor that CNA #12 had transported Resident #21 down the hallway from shower room, in a Hoyer Lift, the DON conducted a teachable moment with CNA #12 and other staff working that day teaching that residents must not be transported in the hallway when residents are in the Hoyer lift. The Hoyer lift policy was reviewed with all staff working on the 6-2pm and 2-10pm shifts by the DON. Inservices were then given to all RN's, LPN's, CNA's, Housekeeping, Dictary, Social Worker, Maintance,	(X8) COMPLE DATE
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After being informed by surveyor that CNA #12 had transported Resident #21 down the hallway from shower room, in a Hoyer Lift, the DON conducted a teachable moment with CNA #12 and other staff working that day teaching that residents must not be transported in the hallway when residents are in the Hoyer lift. The Hoyer lift policy was reviewed with all staff working on the 6-2pm and 2-10pm shifts by the DON. Inservices were then given to all RN's, LPN's, CNA's, Housekeeping, Dictary,	
Activities Director, Laundry, PT, Office Staff, Administrator, Feeding Assists by DON and RN/BSN from 5/27/12-5/30/12. Staff not in attendance will no be able to work until inservices are complete. DON/RN will oversee inservices and report to QA/PI  2) The DON reviewed the deficiencies stated in the 2567 to identify in-services needed and to	

STATEMENT OF DEFICIT AND PLAN OF CORRECT	YON	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM TN7201	RICLIA MBER:	A. BUILDI B. WING		(X3) DATE SURVEY COMPLETED	
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040/				3401	address each tag cited. In services were conducted 5/24, 5/27, 5/28 and 5/29 Abuse Investigations, Reservices, Rights, Restraints, Safety Investigation, Care of resewith Seizures, and Behavis Management.  Inservices were then given RN's, LPN's, CNA's, Housekeeping, Dietary, Schworker, Maintance, Activ Director, Laundry, PT, Off Staff, Administrator, Feedin Assists by DON and RN/B from 5/27/12-5/30/12. Staff in attendance will no be abwork until inservices are complete. DON/RN will oversee and report to QAPresident of Laurelbrook Schwill oversee Laurelbrook Nursing Home Administrate ensure compliance and that quality of care will be provident of Care will be provident effective 5/29/2012.	5/15, on — sidents , Fall idents for in to all ocial ities fice fing SN f not le to rersee /PI chool, or to	5/29/1

Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING TN7201 05/15/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE LAURELBROOK SANITARIUM DAYTON, TN 37321 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY N 415 Continued From page 2 N 415 F 490 483.75 Effective 5/28/12 file. Adequate medical screenings to exclude Administration/Resident Wellcommunicable disease shall be required of each being employee. 1) Upon notification by Surveyor of This Rule is not met as evidenced by: immediate jeopardy concerning Based on review of personnel files and interview. the facility failed to ensure documentation of abuse, failure to investigate Hepatitis B vaccination for three of five personnel allegations of abuse, failure to files and failed to ensure Tuberculosis screening provide staff in-services on for two of five personnel files reviewed. abuse, failure to provide The findings included: supervision, a safe environment and failure to provide resident #5 Review of the facility's personnel files revealed mental health services, the three of five personnel files contained no evidence of Hepatitis B vaccination or offer of Administrator and DON began vaccination, and two of five personnel files working on in-services, reviewed contained no verification of ever having reviewing and revising policies a Tuberculosis screening. and procedure and evaluating the Interview with the Business Office Manager on process for conducting abuse May 15, 2012, at 1:25 p.m., in the Business investigation and ensuring office, confirmed the facility failed to perform residents have mental health adequate communicable disease screenings. consults, this was started on N 424 1200-8-6-.04(15) Administration 5/16/12 and continuing. N 424 (15) Each nursing home shall adopt safety On 5/26/12 the Administrator policies for the protection of residents from confirmed the contract agreement accident and injury. with Healthcare Consultant to assist with addressing compliance of the deficiencies This Rule is not met as evidenced by: sited on May 14 and 15 by the Based on medical record review, review of the facility policy, observation, and interview, the Health Surveyors. facility failed to provide supervision to prevent accidents for seven (#18, #2, #3, #4, #14, #19,

Division of Health Care Facilities

AND PLAN OF	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA MBER:	(X2) MUL A. BUILD B. WING			LETED
NAME OF PRO	VIDER OR SUPPLIER		STREET AD	DRESS, CITY	STATE TIP CODE	05/	14/2012
LAURELBE	ROOK SANITARIUI	м	STREET ADDRESS, CITY, STATE, ZIP CODE  114 CAMPUS DRIVE DAYTON, TN 37321				
(X4) ID PREFIX TAG	CEACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	Ct Ir e	PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HALLINGE	COMPLET DATE
V415				N415	On 05/28/12 the Abuse Investigation / Incident a Accident/ Investigating a Reporting Policy / Restrated Management Policy was reviewed and revised by Health Care Consultant . Health Care Consultant inserviced these policies DON, Administrator and Director emphasizing the importance of elimination use of seclusion, reporting investigation, using the Abuse Investigation Reprorm, timely investigation Reprorm, timely investigation capturing all incidents.  Exhibit #  The DON implemented Behavior Assessment and Monitoring Program which includes a consultation of Geriopysch Practitioner needed by residents. Eff following approval by the Medical Director and Quantity of Committee on 5/27/2012	the The with the Medical e on of the ng abuse, Resident ons and 29 and ich with when ective ne A 2.	5/24/1

NAME OF PROVIDER OR SUPPLIER  LAURELBROOK SANITARIUM  STREET ADDRESS, CITY, STATE, ZIP CODE  114 CAMPUS DRIVE DAYTON, TN 37321  (X4) ID PREFIX TAG  (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  PREFIX TAG  All residents admitted to the facility will have a Social Services Assessment / History according to facility policy.  Exhibit #7  The facility will maintain 100% compliance of checking abuse registry on all new employees will be completed.  Exhibit #30  DON will conduct mandatory in-	LETED		NG 01 - MAIN BUILDING 01	A. BUILDII B. WING	R/CLIA MBER:	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU TN7201		AND PLAN OF
LAURELBROOK SANITARIUM    114 CAMPUS DRIVE DAYTON, TN 37321	14/2012	05/	STATE ZIP CODE	STREET ADD		VIDER OR SUPPLIER	VAME OF PRO	
REGULATORY OR LSC IDENTIFYING INFORMATION)  PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  PREFIX TAG  PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  PREFIX TAG  PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  All residents admitted to the facility will have a Social Services Assessment / History according to facility policy.  Exhibit #7  The facility will maintain 100% compliance of checking abuse registry on all new employees will be completed.  Exhibit #30  DON will conduct mandatory in-				S DRIVE	114 CAMP		OOK SANITARIUM	LAURELBR
All residents admitted to the facility will have a Social Services Assessment / History according to facility policy.  Exhibit #7  The facility will maintain 100% compliance of checking abuse registry on all new employees will be completed.  Exhibit #30  DON will conduct mandatory in-	COMPLET DATE	n n ne	CROSS-REFERENCED TO THE APPROX	PREFIX	F1 5	MIST RE DOEACHEN NO	EACH DEFICIENCY	PREFIX TAG
ensure an opportunity for employee attendance. Effective 5/29/2012.  DON implemented a new Side Rail Assessment to be conducted on all new admissions and Quarterly thereafter.  A Falls Prevention Program called The Falling Leaf Program	5/29/	ory 00% ase ry in- to ive de cted	All residents admitted to the facility will have a Social Services Assessment / Histo according to facility policy.  Exhibit #7  The facility will maintain 10 compliance of checking abus registry on all new employee will be completed.  Exhibit # 30  DON will conduct mandatory services at least twice a year rensure an opportunity for employee attendance. Effective 5/29/2012.  DON implemented a new Side Rail Assessment to be conduct on all new admissions and Quarterly thereafter.  A Falls Prevention Program					1415

AND PLAN OF	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIEF IDENTIFICATION NUM TN7201	VCLIA (X2) MULT. IBER: A. BUILDIN B. WING _	PLE CONSTRUCTION  IG 01 - MAIN BUILDING 01		LETED
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V4/5				was developed by the interdisciplinary team in 2012 and Physical Thera responsible for this prog This has been reviewed a revised on 5/27/12 to prostaff and interdisciplinary members with an approa evaluating and identifyin appropriate interventions. The Falls Prevention Proincludes a quarterly assess of resident rooms and bat equipment conducted by maintenance staff for nee repairs. This assessment begun January 2012 and a 05/29/2012 to capture the appropriate documentation repairs.  Beginning 5/22/12 the Ph. Therapist began screening residents with falls.  Use of Restraint policy was developed by DON and apply Medical Director and Committee 5/27/12. No recan be applied without applied of DON/ Medical Director.	gram sment s	3/29

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBI	CLIA (X2) MULTER: A. BUILDI	NG 01 - MAIN BUILDING 01	(X3) DATE S COMPLE	TED
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1415		N4115	Exhibit # 10 After being informed by sur that CNA #12 had transported Resident #21 down the hally from shower room, in a Hoy Lift, the DON conducted a teachable moment with CNA and other staff working that teaching that residents must be transported in the hallway when residents are in the Holift. The Hoyer lift policy was reviewed with all staff working on the 6-2pm and 2-10pm she by the DON. Inservices were then given to all RN's, LPN' CNA's, Housekeeping, Dieta Social Worker, Maintance, Activities Director, Laundry, Office Staff, Administrator, Feeding Assists by DON and RN/BSN from 5/27/12-5/30/ Staff not in attendance will in able to work until inservices complete. DON/RN will ove inservices and report to QA/I 2) The DON reviewed the deficiencies stated in the 256 identify in-services needed at address each tag cited. In-	veyor ed way ver A #12 day not yer as ing ifts es, ary, PT, I 12. to be are rsee PI	6/24/11

AND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	ERVCLIA MBER:	A BUILDIN	IPLE CONSTRUCTION IG 01 - MAIN BUILDING 01	(X3) DATE COMP	SURVEY LETED
NAME OF PR	OVIDER OR SUPPLIER		STREET ADI	DRESS CITY	STATE, ZIP CODE	05/	14/2012
	ROOK SANITARIUM		DAYTON,	PUS DRIVE	STATE. OF CODE		
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N415				NYIS	services were conducted 5/24, 5/27, 5/28 and 5/2 Abuse Investigations, R Rights, Restraints, Safet Investigation, Care of rewith Seizures, and Behamagement. Inservices were then give RN's, LPN's, CNA's, Housekeeping, Dietary, Worker, Maintance, Act. Director, Laundry, PT, CStaff, Administrator, Fee Assists by DON and RN, from 5/27/12-5/30/12. Stin attendance will no be a work until inservices are complete. DON/RN will inservices and report to CP President of Laurelbrook Will oversee Laurelbrook Nursing Home Administrensure compliance and the quality of care will be pro-Effective 5/29/2012.	9 on – esidents y, Fall esidents vior en to all Social ivities Office eding /BSN aff not able to oversee OA/PI School, ator to at the	5/29

Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING TN7201 NAME OF PROVIDER OR SUPPLIER 05/15/2012 STREET ADDRESS, CITY, STATE, ZIP CODE LAURELBROOK SANITARIUM 114 CAMPUS DRIVE DAYTON, TN 37321 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) N 415 Continued From page 2 N 415 file. Adequate medical screenings to exclude communicable disease shall be required of each employee. This Rule is not met as evidenced by: Based on review of personnel files and interview. the facility failed to ensure documentation of Hepatitis B vaccination for three of five personnel files and failed to ensure Tuberculosis screening for two of five personnel files reviewed. The findings included: Review of the facility's personnel files revealed three of five personnel files contained no evidence of Hepatitis B vaccination or offer of vaccination, and two of five personnel files reviewed contained no verification of ever having a Tuberculosis screening. Interview with the Business Office Manager on May 15, 2012, at 1:25 p.m., in the Business office, confirmed the facility failed to perform adequate communicable disease screenings. N 424 1200-8-6-.04(15) Administration N 424 F 406 483.45 (a) Provides (15) Each nursing home shall adopt safety Obtain Specialized Rehab policies for the protection of residents from Services accident and injury. 1) Resident #5 This Rule is not met as evidenced by: Based on medical record review, review of the facility policy, observation, and interview, the Discharged from facility on facility failed to provide supervision to prevent 2/5/11. accidents for seven (#18, #2, #3, #4, #14, #19,

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Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING TN7201 05/15/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE LAURELBROOK SANITARIUM DAYTON, TN 37321 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY N 424 Continued From page 3 N 424 On 5/27/12 the DON revised and #26) residents of twenty-seven residents developed new Behavior reviewed. Assessment and Monitoring The findings included: Policies to address residents identified as having problematic Resident #18 was admitted to the facility on March 1, 2006, with diagnoses including Senile behaviors that would need Dementia, Osteoarthritis, Osteoporosis, psychiatric consultation and Psychosis, Hypothyroidism, and Depressive behavioral management. These Disorder. policies include Behavior Medical record review of the nursing assessment Assessment and Monitoring, use dated March 1, 2012, revealed the resident had of Restraints, and Unmanageable short and long term memory problems, required Residents. Residents admitted extensive assistance with ambulation and activities of daily living, and used restraints daily. with a history of impaired cognition, problematic behaviors, Medical record review of a facility care plan, last or mental illness will have a reviewed on March 1, 2012, revealed "...side rails Geropsych Practitioner Consult up times 2..." (noted in policy). Policies were Medical record review of a nurse's progress note approved by Medical Director dated August 10, 2011, revealed "...resident and QA Committee on 5/27/12. crawled between foot board and bed rail...observed on floor..." Exhibit #19 Medical record review of a facility investigation Exhibit # 10 dated August 10, 2011, revealed "...got out of bed & (and) fell...devices in use...side rails...2..." In-services were conducted Medical record review of a nurse's progress note on revised Behavior dated September 25, 2011, revealed "...resident Management Policies and climbed between bedrail and Guidelines for Notification of footboard...observed sitting on the floor..." Physician for Problematic Medical record review of a facility investigation Behaviors and other issues dated September 25, 2011, revealed "...devices conducted by RN/BSN. RN, in use...side rails ...2..." Observations on May 14, 2012, at 1:00 p.m., and

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Division of Health Care Facilities FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING TN7201 NAME OF PROVIDER OR SUPPLIER 05/15/2012 STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE LAURELBROOK SANITARIUM DAYTON, TN 37321 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION PREFIX PREFIX (X5) COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) N 424 Continued From page 4 N 424 LPN's, CNA's, May 15, 2012, at 2:11 p.m., in the resident's Housekeeping, Dietary, room, revealed the resident lying in bed with full Social Worker, Maintance, side rails on the bed and in the up position Activities Director, Laundry, bilaterally. PT, Office Staff, Interview with Director of Nursing (DON) on May Administrator, Feeding 15, 2012, at 7:50 a.m., at the nurses' station, confirmed the resident "possibly fell climbing out Assists. Staff not in of the bed" and confirmed placing the resident in bed with side rails up is "not the best option...we attendance will no be able to may need another plan." work until inservices are complete. DON/RN will Resident #2 was admitted to the facility on oversee inservices and report October 10, 2010, with diagnoses including Behavior Disorder, Alzheimer's Disease, and to QA/PI. Dementia. Medical record review of the admission nursing The Administrator and the assessment dated November 4, 2012, revealed the resident was severely cognitively impaired, DON reviewed the Gerio had a history of wandering, and required limited psych contract to ensure staff assistance with Activities of Daily Living every other week visits could (ADLs). be provided timely to address Review of a statement provided by the LPN residents with impaired (Licensed Practical Nurse) assigned to resident cognition, problematic #2's care on December 6, 2010, at 5:32 a.m., behaviors or mental illness. revealed "...resident #2 lying on floor in front of tollet...jerking motions in all four extremities... This was confirmed on (LPN) had to get between them(resident #2 and 5/18/12 by the Administrator. resident #3) with force to stop resident #3 from kicking...resident #3 tried to hit me (LPN) and Resident #4 was cursing at me...assisted resident #2 up and out of bathroom...EMS (Emergency Medical Service) called ...dgtr(daughter) (#2's daughter) The Abuse Investigation notified...lacerations and abrasions noted around policies ie; Reporting Abuse right eye...left ear had blood on it..." to Facility Management; Medical record review during the investigation Resident to Resident revealed resident #2 also had a history of falls.

Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING COMPLETED B. WING TN7201 NAME OF PROVIDER OR SUPPLIER 05/15/2012 STREET ADDRESS, CITY, STATE, ZIP CODE LAURELBROOK SANITARIUM 114 CAMPUS DRIVE DAYTON, TN 37321 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) N 424 Continued From page 5 N 424 Altercation; Abuse Investigations; Behavior Medical record review of an incomplete facility Assessment and Monitoring investigation dated January 2, 2011, sustained a skin tear from a fall. No details of the fall or new have been reviewed and interventions were documented. revised on 5/27/2012 by the DON and approved by the Medical record review of the care plan dated Medical Director, February 21, 2012, revealed an entry dated January 12, 2011, revealed resident tried to crawl Administrator and OA in bed with another resident and fell..." Committee on 5/27/12. Inservices conducted Medical record review of a Nurse's Note (for 5/27/12-5/30/12, for all RN's, resident #1) dated September 13, 2011, revealed "...(res #2) tried to climb over bed rails...assisted LPN's, CNA's. back in the bed..." No investigation or new Housekeeping, Dietary, interventions were documented. Social Worker, Maintance, Activities Director, Laundry, Medical record review of a Nurse's Note dated February 29, 2012, at 4:00 p.m.revealed PT, Office Staff, "...Resident was in geri-chair and managed to tip Administrator, Feeding it over on it's side with resident still in it...' Assists. Staff not in Continued review of the February 29, 2012 Nurse's Notes revealed an entry at 4:20 p.m. attendance will no be able to documenting " Resident again tipped over in work until inservices are geri-chair..." The resident was assessed and complete. DON/RN will assisted back to the geri-chair. No new interventions were documented. oversee inservices and report Medical record review of a facility investigation to QA/PI. dated March 1, 2012, revealed an investigation of Exhibit #24 the 4:20 p.m. fall, noting the resident sustained a "...skin tear to the left elbow and a contusion to te The Abuse Investigation policy left side of head..." The intervention was to was inserviced with the "...ambulate the resident for 15 min (minutes) Q (every) shift." No additional interventions to Administrator, DON and Medical prevent falls were implemented. Director on 5/27/12 by the Healthcare Consultant Interview with the DON, outside the emphasizing the importance of Administrator's office, on May 8, 2012, at 2:00 p.m., confirmed the facility failed to ensure recording abuse allegation,

Division	of Health Care Faciliti	es				FORM APPRO	VED
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER	CLIA ER:	(X2) MULT A. BUILDII B. WING	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	-
NAME OF F	ROVIDER OR SUPPLIER		STREET ADDI	RESS, CITY, S'	TATE, ZIP CODE	05/15/2012	
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	resident #2's safety.  Review of a facility in 5, 2011, revealed at 9 sleeping inroom wh went into his room an cane."  Interview with the DO Administrator's office, p.m., confirmed that in plan was documented interventions were do resident, both with known safety.  Interview with the NHA Administrator) May 7, Administrator's office, resident abuse occurre sustained a fractured I assault.  Resident #3 was administrator assault.	vesligation dated Februal 2:45 a.m. "(#4) was en another resident (#5) d started hittingwith a N, outside the on May 8, 2012 at 2:00 to behavior management and no additional currented, for either own behaviors, and more to ensure resident #4 at 1:10 p.m., in the confirmed the resident the dand resident #4 eft ankle as a result of the test and the facility on a diagnoses including the total currented the facility on a diagnoses including the facility on the resident and no documented on the sment.  provided by the DON ated December 22, 2010 fitting as a history of hitting as a history of hitting as a history of hitting	e 's lee oo hee	N 424	investigating and reporting it timely manner.  2)  The DON reviewed the deficiencies stated in the 250 identify in-services needed a address each tag cited. Inservices were conducted 5/1 5/24, 5/27, 5/28 and 5/29 on Abuse Investigations, Resid Rights, Restraints, Safety, F Investigation, Care of reside with Seizures, and Behavior Management.  The following policies or procedures have been chang address this deficiency practive of Restraints  -Behavior Assessment and Monitoring  -Side rail Evaluation on Admission and Quarance of Admission and Quarance of Admission and Procedure of All Nursing Procedure of All Nursi	67 to and to  5, ents all ents ged to tice:	<b>な</b>
	does not come outha	#3) stays in his room an as a history of hitting o his roomOne other	nd .				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUME TN7201	CLIA BER:	(X2) MULT A. BUILDIN B. WING		(X3) DATE SURVEY COMPLETED	
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documentation related incident could be proceed into a share and was found "(not front of toiletjerking extremities(LPN) has force to stop resident #3 tried to hit me (LPIassisted resident #2EMS calleddgtr (lacerations and above a left ear had blook left e	o." No investigation or and to the October 2010 oduced by the facility  Int provided by the LPN #2's care on December avealed, resident #2 red bathroom, not his own esident #2) lying on floor of motions in all four and to get between them with a from kicking resident with a from his wi	t tot	N 424	RN, LPN's, CNA's, Housekeeping, Dietary, Worker, Maintenance, Director, Laundry, PT, of Staff, Administrator, Fe  Assists. Staff not in atter will no be able to work us inservices are complete. DON/RN will oversee in and report to QA/PI.  Exhibit #  Teachable moments/in-se were conducted by DON and 5/25/12 on the follow topics: -Resident Rights and DigrangerRestraints i.e. Seclusion -Abuse/Seclusion for Resi -Accident and Supervision -Behavior Management  Inservices were conducted 5/27/12-5/30/12 for all RN	Activities Office eding  Idance ntil services  IO rvices on 5/24 ing nity dent #1	5/29/1

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Division	n of Health Care Facilit	ies				FOR	RM APPROV
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/IDENTIFICATION NUMB	CLIA ER:	(X2) MULTI A. BUILDIN B. WING	IPLE CONSTRUCTION	(X3) DATE S	
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LAUREL	BROOK SANITARIUM		114 CAME	PUS DRIVE TN 37321	ATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATI	ILL ON)	PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULDEE	(X5) COMPLETE DATE
t t c c	Interview with the NH Administrator) May 7, Administrator's office, the facility failed to pro which resulted in a fra Resident #14 was re- January 31, 2011, with	tensive staff assistance g.  A (Nursing Home 2012, at 1:10 p.m., in the confirmed the abuse an otect resident #4 from a factured left ankle.  admitted to the facility of the diagnoses including Dementia with Behavior Stenosis.  of a Nurse's Note dated are stigation of the fall date an intervention of the left unattended in w/c.  of a Nurse's Note dated are intervention of the fall date and intervention of the left unattended in w/c.  of a Nurse's Note dated are intervention of the facility investigation revealed no details related in the left unattended in w/c.  of a Nurse's Note dated are intervention of the facility investigation of the facility investigation of the left unattended in w/c.  of a Nurse's Note dated with the left unattended in w/c where she was abrasion to righthip and stigation dated August is stigation dated August in the work in the left unattended in w/c where she was abrasion to righthip and stigation dated August is stigation dated August in the work in the left unattended in w/c where she was abrasion to righthip and stigation dated August is stigation dated August in the work in the left unattended in w/c where she was abrasion to righthip and stigation dated August is stigation dated August in the work in the left unattended in w/c where she was abrasion to righthip and work in the work i	he nd buse n d d of ed u ted u."	N 424	LPN's, CNA's, House Dietary, Social Worke Maintance, Activities Laundry, PT, Office S Administrator, Feeding Staff not in attendance able to work until insecomplete. DON/RN winservices and report to Exhibit  On 5/27/12 the Medica made rounds, assessed evaluated all residents psychoactive medication residents with behavior diagnoses. This evaluated also documented in the Record on 5/27/12.  DON/ADON/MDS Co assessed all other reside ensure appropriate service being provided. There we residents observed need	Director, taff, g Assists. will no be rvices are ill oversee o QA/PI.  # 11  I Director and with ons or ion was Medical ordinator onts to ces were vere no	5/29/13

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMB:	ER:	(2) MULTI BUILDIN . WING	IPLE CONSTRUCTION	(X3) DATE S COMPLI	
			STREET ADDRESS	ADDRESS, CITY, STATE, ZIP CODE			15/2012
LAUREL	BROOK SANITARIUM		114 CAMPUS DE DAYTON, TN 37	RIVE	ATE, ZIP CODE		9535
(X4) ID PREFIX TAG	REGULATORY OR	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FUL LSC IDENTIFYING INFORMATION	ONI)	ID REFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	1010000	(X5) COMPLETE DATE
f f ii f f ii f ii f ii f ii f ii f ii	"place in bed after in Medical record review December 25, 2011, in resident found layingassistance back to win hairline top of R (rig was completed by the incident and no new faimplemented.  Medical record review dated February 1, 201 unattended in w/c in row Medical record review February 1, 2012, reversident's room"  Review of a facility invega, 2012, revealed a preeave the resident unattended in one win in mplemented.  Medical record review of a facility invega, 2012, revealed a preeave the resident unattended in one win in mplemented.  Medical record review of a facility invega, 2012, revealed a preeave the resident unattended in one win in mplemented.  Medical record review of a facility invega, 2012, revealed a preeave the resident unattended in one win in mplemented.	of a Nurse's Note date revealed "1000 am semi-prone on floor of low/cegg sized lump not ght) head" No investigate facility regarding the all interventions were of a Care Plan update 2, revealed "resident low and fell out" of the Nurse's Notes for ealed "unwitnessed "unwitnessed "unwitnessed "unwitnessed in w/c had not be terventions were of the resident's nursing gruary 9, 2012, revealed gritive deficits, was chain ulatory with the use of a restrained. Continued frew revealed the reside since the previous November 10, 2011.	obby ed ation  left  ry been the ir a	24	additional services. This began on 5/15/2012, cor on 5/27/12.  The care plans were reviand revised by MDS Coto include appropriate so This process began on 5 completed on 5/29/12.  MDS Coordinator review other residents care plane ensure appropriate service care planned. This procestarted 5/15/12, complete 5/29/12.	iewed ordinator ervices. /15/2012, wed all s to ces were ess	

PRINTED: 05/22/2012

IDENTIFICATION NU		(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB  TN7201	CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE S COMPL	(X3) DATE SURVEY COMPLETED	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS	C CITY OT 10		05/	15/2012
LAURELE	BROOK SANITARIUM		STREET ADDRES  114 CAMPUS I DAYTON, TN :	DRIVE	TE, ZIP CODE		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION		ULL ION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLET DATE	
N 424	Continued From page Medical record review May 8, 2012, revealed areawhenfell on flo the fall was completed were implemented.	of a Nurse's Note date ,"resident was in cir or" No investigation and no new intervention	ed rcle of ons	424			
; ; ;	Interview with the DON the front office, on May confirmed the investigation incomplete and the residence falls, with no interventions to reduce resident free of injuries.  Resident #19 was admit October 22, 2010, with a collaboration of the political stype 2 collaboration.	115, 2012, at 9:15 a.m. tions noted above were ident continued to o documentation of new falls risk and keep the related to falls.  Itted to the facility on diagnoses including a. Chronic Catatonia	e e				
M d m re da of	Dehydration, and Venous delated March 3, 2012, respectively impaired with equired extensive assistably living, toileting and the medical record revenue falls on the followers.	is Thrombosis.  If the nursing assessment wealed the resident want to cognitive skills and tance with activities of bathing. Further review realed the resident wing dates: June 28	w				
int	edical record review of an, dated May 14, 2012 dervention dated Februa at all times"	2. revealed an	m				
p.n w a m righ disc	edical record review of a ne 28, 2011, at 1:48 p.m., resident fell out of was asleep and tumbled narble sized bump to the narble middleno oth comfort was noted"	m., revealed "at 1:15 chair in the hallway d onto the floor, causing the forehead, slightly					

Division	of Health Care Facilit	ties				FOR	RM APPROVE
STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER TN7201	/CLIA BER:	(X2) MULTIP A. BUILDING B. WING	LE CONSTRUCTION	(X3) DATE S COMPL	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDO	ESS, CITY, STAT	77.700.000	05/	15/2012
			114 CAMPUS DAYTON, TN	S DRIVE	TE, ZIP CODE		
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PROVIDER'S PLAN OF PREFIX (EACH CORRECTIVE AC TAG CROSS-REFERENCED TO DEFICIEN		TION SHOULD BE COMPLETED DATE	
F E E	URELBROOK SANITARIUM  (4) ID  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FU REGULATORY OR LSC IDENTIFYING INFORMATION  REGULATORY OR LSC IDENTIFYING INFORMATION  REGULATORY OR LSC IDENTIFYING INFORMATION  STATEMENT OF THE PROPERTY OF THE PROP	on e, dent ::30 ower red ::sed e of cks	N 424	DEFICIEN	NCY)		
In 1: w re	terview with CNA #11 1:30 a.m., in the show as giving another resionsident was in the show	, on May 15, 2012, at rer room, the CNA state dent a bath and the	ed "I		e e e e e e e e e e e e e e e e e e e		

PRINTED: 05/22/2012 FORM APPROVED

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/IDENTIFICATION NUMB	CLIA ER:	(X2) MULTIPL A. BUILDING B. WING	E CONSTRUCTION	(X3) DATE : COMPL	SURVEY ETED
NAME OF P	ROVIDER OR SUPPLIER		CTDEET 400			05	/15/2012
	BROOK SANITARIUM			DRESS, CITY, STAT PUS DRIVE TN 37321	E, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN PREFIX (EACH CORRECTIVE TAG CROSS-REFERENCED T		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI
N 424	resident did not have	e 12 air to the right sidethe a seat belt in use for the belt was not on shower		N 424	DEFICIEN		
	Nurse (LPN) #5, on M revealed the LPN was regarding the resident chair. Further interview	t falling out of the showe w revealed "the CNA t ed on the floor and I don	er old		E		
s s ti	the Care Plan Coordin 3:30 p.m., in the DON resident did not have a shower chair. Further i shower chair did not had documentation of the u the resident was left un nterview with the Care DON revealed the main	a seat belt in use with the interview confirmed the lave safety belts in place use of the chair alarm ar	e, no nd		* * *	5	
H V: Ki	8, 2003, with diagnose ypertension, Macular lascular Accident, Seni idney Disease, and Os edical record review o ated April 26, 2012, review o	Degeneration, Cerebratile Dementia, Chronic	nt,				
Me	edical record review of te, dated August 4, 20	f a Nursing Progress 011, at 2:41 p.m.,					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/OIDENTIFICATION NUMBER	A. BUILD	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED	
NAME OF			STREET ADDRESS, CITY,	CTATE TIP COPE	05	05/15/2012	
LAUREL	BROOK SANITARIUM		114 CAMPUS DRIVE DAYTON, TN 37321	STATE, ZIP CODE			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FUL LSC IDENTIFYING INFORMATIO	LL ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TON SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
	revealed "res (resident on the floor L (left) sife foreheadskin tear is hospital"  Review of facility doc 2011, at 2:15 p.m., rerevealed faulty side in immediately8/4/11  Observation on May the dining hall, reveal Geri-chair asleep and Interview with Directo Care Plan Coordinato p.m., in the nurse's staide rail caused the real 2011. Further interview Coordinator confirmed	dent) fell out of bed lander dehematoma eft thumbtransfer to eff thumbtransfer to equipmentation, dated August evealed "investigation ailUpdate: repair side rail repaired"  15, 2012, at 11:00 a.m., it ed the resident sitting in a with a clip alarm in use. If of Nursing (DON) and the faulty sident to fall on August 4 we with the Care Plan at the facility failed to of the faulty side rail, what all or a descriptive	st 4, ail n a he 2:30 y				
( ( ( i)	an effective, facility-wid	ovement.  must ensure that there is be performance to evaluate resident care	1				
lr Ir	his Rule is not met as based on review of the approvement Committe acility investigation revi	Performance e attendance records					

G6LS11

ND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE TN7201	R:	(X2) MULTI A. BUILDING B. WING	PLE CONSTRUCTION		TE SURVEY MPLETED
IAME OF P	ROVIDER OR SUPPLIER	1	STREET ARREST				05/15/2012
AURELE	BROOK SANITARIUM		114 CAMPUS DAYTON, TN 3	DRIVE	ATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FUL LSC IDENTIFYING INFORMATION	. 1	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
N 415	file. Adequate medic	e 2 al screenings to exclude se shall be required of ea		415			
1	Hepatitis B vaccination	ersonnel files and intervie sure documentation of n for three of five personi ire Tuberculosis screenie					
F tl e v	Review of the facility's hree of five personnel evidence of Hepatitis Braccination, and two of	vaccination or offer of five personnel files verification of ever having	g				
of	nterview with the Busin lay 15, 2012, at 1:25 p ffice, confirmed the fac dequate communicable	ility failed to perform	3				
(15 po	200-8-604(15) Admin 5) Each nursing home llicies for the protection	shall adont safety	N 424	·   1	F323 483.25(h) Free nazards/supervision/	devices.	
Thi	is Rule is not met as a sed on medical record	evidenced by:			1) After being inform facilities failure to the resident's envir	ed of the ensure that conment	5/29/12

Division	n of Health Care Facili	ties		Market State Cont.		FO	RM APPROVE
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUME TN7201	/CLIA BER:	(X2) MULT A. BUILDIN B. WING	IPLE CONSTRUCTION		LETED
NAME OF P	PROVIDER OR SUPPLIER		STREET ADDRES	ECC CITY OF	TATE, ZIP CODE	05	5/15/2012
	BROOK SANITARIUM		114 CAMPUS DAYTON, TN	SDRIVE	ATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMAT	ULL ION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	II D RE	(X5) COMPLETE DATE
N 415	file. Adequate medi	ge 2 cal screenings to exclud use shall be required of e	e l	N 415	adequate supervision a assistance devices to pr accidents, the following put in place:	event	5/29/10
	the facility failed to en Hepatitis B vaccination files and failed to ensity for two of five person. The findings included Review of the facility three of five personne evidence of Hepatitis vaccination, and two reviewed contained in a Tuberculosis screer Interview with the Bus May 15, 2012, at 1:25 office, confirmed the fi	personnel files and inter- personnel files and inter- personnel files five personnel files reviewed.  It: It: It: It: It: It: It: It: It: It	onnel ning ed f ving		Resident #5  Resident #5 discharged 2/5/11.  On 5/27/12 the DON revand developed new Behamagement and Monito Policies to address reside identified as having problematic behaviors the would need psychiatric consultation and behavior management. These policinclude Behavior Assessionand Monitoring, use of	vised avior oring ents at ral cies nent	
T E fa	acility policy, observat acility failed to provide	ne shall adopt safety ion of residents from	3		Restraints and Unmanage Residents. Residents admitted with a history of impaired cognition, problematic behaviors, or mental illness will have a Geropsych Practitioner Consult (noted in policy). Policies were approved by Medical Director and QA Committee on 5/27/12.	f	

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE	R:	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURVEY COMPLETED	
		TN7201	B. V	VING		
NAME OF F	ROVIDER OR SUPPLIER		STREET ADDRESS, C	ITY, STATE, ZIP CODE	05/15/2	012
LAUREL	BROOK SANITARIUM	I I	114 CAMPUS DRI	/E		
			DAYTON, TN 3732	1		
(X4) ID PREFIX	SUMMARY :	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FUL	1 10	PROVIDER'S PLAN OF COR		
TAG	REGULATORY O.	R LSC IDENTIFYING INFORMATION	L PRE N) TA	TACH CORRECTIVE ACTION	SHOULDE	(X5 COMPL DAT
N 424	Continued From page	ge 3	N 424			_
	#26) residents of two	enty-seven residents	11,424	in-services were con	nducted 5/	29
	reviewed.	only seven residents		on revised Behavior	. 7	'/
			1	Management Policie	es and	
ļ	The findings include	d:		Guidelines for Notif	ication of	
1	Resident #19			Physician for Proble	matic	
1	March 1 2006 with	dmitted to the facility on diagnoses including Senile		Behaviors and other	issues	
1	Dementia, Osteoarth	ritis. Osteonorosis	•	that address resident	c not	
	Psychosis, Hypothyro	oidism, and Depressive	N°	responding satisfacto	5 1101	
	Disorder.	, and a opicionic	1	treatments on 5/28/1:	orly to	
. 1				5/29/12.	2 &	
	Medical record review	v of the nursing assessme	nt			
	short and long term a	revealed the resident had		Inservices given to al	1 RN's,	
	extensive assistance	nemory problems, required	1	LPN's, CNA's,		
:	activities of daily living	and used restraints daily	,	Housekeeping, Dietar	·y,	
			1	Social Worker, Maint	ance	
15	Medical record review	of a facility care plan, last		Activities Director, L.	aundry	
11	eviewed on March 1,  ip times 2"	2012, revealed "side rai	ls	P1, Office Staff,		
				Administrator, Feedin	g	
I.V.	Medical record review	of a nurse's progress note		Assists. Staff not in	_	
u	aled August 10, 2011	, revealed " resident		attendance will no be	able to	
ra	rawled between foot I	board and bed	1	work until inservices a	re	
		•••	- 1	complete, DON/RN w	111	
M	ledical record review	of a facility investigation		oversee inservices and	704 0 1	
l da	ated August 10, 2011	revealed " not out of he	d	to QA/PI.	report	
8	(and) felldevices in	useside rails2"		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
M	edical record review	of a nurse's progress note				
j da	ited September 25, 2	011, revealed ", resident				
CII	mbed between bedra	il and		Resident # 4		
too	otboardobserved sit	ting on the floor"				
Me	edical record review of	f a facility investigation		The resident was treated	dat	
da	ted September 25, 20	11, revealed "devices		the hospital following	ıaı	
in	useside rails2"			incident and returned to		
1			1	including and returned to	the	

DIVISIO	n of Health Care Faciliti	es			FORIV	APPROVED
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE TN7201	ER: A. BI	MULTIPLE CONSTRUCTION  UILDING  UING	(X3) DATE SUR COMPLETE	
NAME OF	PROVIDER OR SUPPLIER		STORET ADORESO OF		05/15	5/2012
The second second			STREET ADDRESS, Cr		Market Market Service and the	
LAUREL	BROOK SANITARIUM		114 CAMPUS DRIV DAYTON, TN 3732			
(X4) ID PREFIX TAG	REGULATORY OR	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FUL LSC IDENTIFYING INFORMATIO	L PREF	FIX (EACH CORRECTIVE ACTION	SHOULD BE	(X5) COMPLETE DATE
	May 15, 2012, at 2:11 room, revealed the reside rails on the bed a bilaterally.  Interview with Director 15, 2012, at 7:50 a.m. confirmed the resident of the bed" and confirmed the rails up it may need another plant Resident #2 was admit October 10, 2010, with Behavior Disorder, Alz Dementia.  Medical record review assessment dated Nove the resident was severed that a history of wander staff assistance with Act (ADLs).  Review of a statement of (Licensed Practical Nur Hz's care on December revealed "resident #2 toiletjerking motions in (LPN) had to get between the sident #3) with force the sident #3 tries was cursing at meassibut of bathroomEMS (Service) calleddgtr(date)	p.m., in the resident's sident lying in bed with found in the up position of Nursing (DON) on M., at the nurses' station, to 'possibly fell climbing of med placing the resident is 'not the best optionv.n.'  It do to the facility on a diagnoses including heimer's Disease, and of the admission nursing heimer's Disease, and required limited clivities of Daily Living provided by the LPN se) assigned to resident of 2010, at 5:32 a.m., lying on floor in front of all four extremities en them(resident #2 and to stop resident #3 from to thit me (LPN) and isted resident #2 up and Emergency Medical aughter) (#2's daughter) abrasions noted around od on it"	out in we		ed new ent and to resident ion and it. These intoring; lents. with a gnition, or e a recy). If by QA is a constant of the cons	5/24/12
on of Health		a motory or fails.		Work and most root t	1700	

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/IDENTIFICATION NUME	CLIA BER:	(X2) MULTI A. BUILDING B. WING	PLE CONSTRUCTION G	(X3) DATE S COMPLE	ETED
	OOK SANITARIUM			DRESS, CITY, STA PUS DRIVE TN 37321	ATE, ZIP CODE	1 05/	15/2012
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATI	ULL ION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPROPERTION (PROPROPERTION (PROPROPERTION (PROVIDER (PROVIDER))	DRE	(X5) COMPLETE DATE
Merce asset interest in the control of the control	kin tear from a fall. Noterventions were do dedical record review ebruary 21, 2012, respectively and the second review ebruary 12, 2011, review and the second review edical record review edical record review edical record review edical record review ebruary 29, tried to climick in the bed" Noterventions were documentions were documenting and the second review of the second review o	or of an incomplete facilianuary 2, 2011, sustained to details of the fall or necumented.  If of the care plan dated vealed an entry dated ealed resident tried to disident and fell"  If of a Nurse's Note (for otember 13, 2011, revealed over bed railsassis investigation or new necessity of a Nurse's Note dated 4:00 p.m.revealed or each and managed to resident still in it"  If a February 29, 2012 and an entry at 4:20 p.m. and tagain tipped over in not was assessed and ri-chair. No new necessity investigation in the resident sustained bow and a contusion to the resident sustained the resident sustained bow and a contusion to the resident sustained the	ed a ew crawl aled ted tip	N 424	complete. DON/RN will oversee inservices and re to QA/PI.  Exhibit #19  Resident #18  On 05/15/2012 the DON implemented a new Side R Assessment to be conducted on all new admissions an quarterly thereafter. This form was approved by the Medical Director and QA Committee on 5/27/12. Of 5/17/12 Resident #18 was evaluated by DON for 1/4 side rails and these rails was placed on a new facil was placed on a new facil bed that allowed staff to place bed in low position.	Rail cted de constant de const	5/24/10

Division	of Health Care Facilit	ies				FORM APPROVE
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUME TN7201	/CLIA BER:	(X2) MULT A. BUILDIN B. WING	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
NAME OF P	ROVIDER OR SUPPLIER	1	CYCETY LOCK			05/15/2012
	BROOK SANITARIUM		114 CAMPUS DAYTON, TN	SDRIVE	'ATE, ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMAT	JLL ION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D.BE COMP
F C V	resident #2's safety.  Review of a facility in 5, 2011, revealed at 9 sleeping inroom who went into his room an cane."  Interview with the DOI Administrator's office, p.m., confirmed that no plan was documented interventions were door resident, both with known safety.  Interview with the NHA Administrator's office, or resident abuse occurred sustained a fractured leassault.  Resident #3 was admitted october 13, 2009, with a vascular Dementia, Hydrerebro-vascular Accident A	vestigation dated Febru 2:45 a.m. "(#4) was en another resident (#5 d started hittingwith a N, outside the on May 8, 2012 at 2:00 o behavior management and no additional cumented, for either own behaviors, and more to ensure resident #4 (Nursing Home 2012, at 1:10 p.m., in the confirmed the resident #4 eft ankle as a result of the ted to the facility on diagnoses including pertension and history lent (CVA/stroke).	ary  ii)  int  re  re  to  he  of a	N 424	Use of Restraint policy w developed by DON and approved by the Medical Director and QA Commit on 5/27/12. No restraints be applied without approve of DON/ Medical Director Inservices given 5/27/20 5/30/2012 to all RN's, LPN's, CNA's, Housekeeping, Dietary, Social Worker, Maintenant Activities Director, Laund PT, Office Staff, Administrator, Feeding Assists. Staff not in attendance will no be able work until inservices are complete. DON/RN will oversee inservices and report of QA/PI.  Resident #3 & #2	tee can val r. 12- nce, rry,
R (E	ognitive deficits were domprehensive assessreview of a statement portion of Nursing) date	documented on the nent.  provided by the DON led December 22, 2010  3) stays in his room and a history of hitting	D,		Resident # 3 is no longer a resident at the facility.  The Abuse Investigation an Incident and Accident, Investigating and Reporting policies were reviewed and	3

	of Health Care Faciliti					1	RM APPROVE
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB TN7201	CLIA BER:	(X2) MULTI A. BUILDIN B. WING	IPLE CONSTRUCTION	(X3) DATE S COMPL	ETED
NAME OF PE	ROVIDER OR SUPPLIER		STREET ADDE	RESS CITY ST	ATE, ZIP CODE	05	/15/2012
LAURELE	BROOK SANITARIUM		114 CAMPU DAYTON, TI	IS DRIVE	NE, ZIP CODE		
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FF FF IT III III III III III III III III	Continued From page incident in Oct 2010." documentation related incident could be produced incident with a sasigned to resident #2010, at 5:32 a.m., review and was found "(resident incident inciden	No investigation or to the October 2010 fuced by the facility It provided by the LPN 2's care on December realed, resident #2 d bathroom, not his own sident #2) lying on floor motions in all four to get between them to to get between them to the sident #2 and was cursing at mup and out of bathroom 12's daughter) notified sions noted around right on it"  In by the Mobile Crisis December 6, 2010, dent #3) stated to who came into room took (resident #2) today n't rely on staff to get resident #3 was "no ary committal." Resider psychiatric unit for a ""  The dot the facility on diagnoses including the facility on the faci	rin with ent se n nt	N 424	revised by the DON and Healthcare Consultant of 5/27/12. The Healthcare Consultant inserviced the policies with the DON, Administrator and Medic Director on 5/28/12 emphasizing the importate of timely investigations at capturing all incidents. Inservices given on 5/27/5/30/12 to all RN's, LPN CNA's, Housekeeping, Dietary, Social Worker, Maintance, Activities Director, Laundry, PT, O Staff, Administrator, Feed Assists. Staff not in attendance will no be able work until inservices are complete. DON/RN will oversee inservices and regard to QA/Pl.  Exhibit # 20  Resident # 2, #14, #19, #2  A Falls Prevention Program called The Falling Leaf	e ese cal nce and /12-r's, ffice ding e to cort	5/29/12

Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY DENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING TN7201 05/15/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE LAURELBROOK SANITARIUM 114 CAMPUS DRIVE DAYTON, TN 37321 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) N 424 Continued From page 8 N 424 Program was developed by required limited to extensive staff assistance for the interdisciplinary team in activities of daily living. January 2012 and Physical Interview with the NHA (Nursing Home Therapy is responsible for Administrator) May 7, 2012, at 1:10 p.m., in the this program. This has been Administrator's office, confirmed the abuse and reviewed and revised on the facility failed to protect resident #4 from abuse which resulted in a fractured left ankle. 5/27/12 to provide staff and interdisciplinary team Resident #14 was re-admitted to the facility on January 31, 2011, with diagnoses including members with an approach to Personality Disorder, Dementia with Behavior evaluating and identifying Disorder, and Spinal Stenosis. appropriate interventions. New forms and revised Medical record review of a Nurse's Note dated July 8, 2011, revealed " ... Pt (patient) fell out of process for investigating falls her w/c (wheelchair) very small mark mid have been developed and forehead ..." implemented 5/28/12. Fall Review of a facility investigation of the fall dated checklist, post fall Nursing July 9, 2011, revealed an intervention of Assessment, post Fall "...resident must not be left unattended in w/c." Investigation, Occurrence Investigation Statement were Medical record review of a Nurse's Note dated August 5, 2011, revealed " ...resident tumbled out approved by the DON, of her w/c at 5:33 PM ..." Administration and Medical Director on 5/28/12. Review of an incomplete facility investigation dated August 6, 2011, revealed no details related Beginning 5/28/12 the to the incident and the only intervention Physical Therapist began documented was "...resident to bed after lunch." screening residents with falls. The revised post Fall Medical record review of a Nurse's Note dated August 25, 2011, revealed "...was found lying on Investigation Form has floor of dining room next to w/c where she was possible Preventative sitting for dinner...skin abrasion to right...hip area Measures and suggested .... interventions that can aid Review of a facility investigation dated August 25, 2011, revealed the only new intervention was

Division	of Health Care Faciliti	es				FORW APPROVED
	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/IDENTIFICATION NUMB	CLIA IER:	(X2) MULT A. BUILDII B. WING		(X3) DATE SURVEY COMPLETED
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I de la companya de l	December 25, 2011, resident found layingassistance back to a in hairline top of R (rigwas completed by the incident and no new faimplemented.  Medical record review	of a Nurse's Note date revealed "1000 am semi-prone on floor of I w/cegg sized lump no ght) head" No investig facility regarding the all interventions were of a Care Plan update 2, revealed "resident from and fell out" of the Nurse's Notes for the State of the State of the State of the Nurse's Nurse of the Previous November 10, 2011.  If a Physical Therapy For February 5, 2012, screenMax	obby ted pation  left  ary to peen  g I the pair a ent	N 424	licensed staff with implementing appropriat interventions. Also Fall Prevention and Potential Interventions and Strateg for Reducing the Risk for Falls were posted at the Nursing Station as a resort for selection of intervential if a fall occurs. This was done 5/29/12 by DON. The Falls Prevention Program includes a quarter assessment of resident roomand bath equipment conducted by maintenance staff for needed repairs. The assessment was begun January 2012 and revised 05/29/2012 to capture the appropriate documentation for repairs.  Inservices given; 5/27/2012-5/30/2012 to all RN's, LPN's, CNA's, Housekeeping, Dietary, Social Worker, Maintenance Activities Director, Laundre PT, Office Staff, Administrator, Feeding Assists. Staff not in	ce,

Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING TN7201 05/15/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE LAURELBROOK SANITARIUM **DAYTON, TN 37321** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) N 424 Continued From page 10 N 424 attendance will not be able to Medical record review of a Nurse's Note dated work until inservices are May 8, 2012, revealed, " ... resident was in circle complete. DON/RN will area...when...fell on floor..." No investigation of the fall was completed and no new interventions oversee inservices and report were implemented. to QA/PI. Interview with the DON (Director of Nursing) in the front office, on May 15, 2012, at 9:15 a.m., The newly created falls confirmed the investigations noted above were checklist has a notation to incomplete and the resident continued to remind the staff to notify PT experience falls, with no documentation of new of falls. interventions to reduce falls risk and keep the resident free of injuries related to falls. The Falls Prevention and Resident #19 was admitted to the facility on Potential Interventions were October 22, 2010, with diagnoses including Diabetes Mellitus type 2, Chronic Catatonia, placed at the nurse's station Dehydration, and Venous Thrombosis. 5/28/12. New forms and Medical record review of the nursing assessment, revised process for dated March 3, 2012, revealed the resident was investigating falls, and the moderately impaired with cognitive skills and required extensive assistance with activities of the revised post falls daily living, toileting and bathing. Further review investigation forms were of the medical record revealed the resident inserviced to RN's, LPN's, suffered falls on the following dates: June 28, 2011, December 22, 2011, and January 7, 2012. and CNA's 5/28/12-5/30/12 by DON and RN/BSN. Medical record review of the Resident's Care Plan, dated May 14, 2012, revealed an intervention dated February 7, 2011, "...clip alarm on at all times..." The DON is responsible for the overall Falls Prevention Medical record review of a nurse's note, dated Program, effective 5/29/2012. June 28, 2011, at 1:48 p.m., revealed "...at 1:15 p.m., resident fell out of...chair in the hallway ...was asleep and tumbled onto the floor, causing a marble sized bump to the forehead, slightly right of the middle...no other signs of pain or discomfort was noted..."

Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING TN7201 05/15/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE LAURELBROOK SANITARIUM **DAYTON, TN 37321** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) N 424 Continued From page 11 N 424 The Accident and Incidents Review of facility documentation, dated June 28, Clinical Protocol policy for 2011, at 1:15 p.m., revealed "...monitors/alarms: conducting Neuro checks none..." following incidents where residents may have suffered Interview with the Director of Nursing (DON), on May 14, 2012, at 3:30 p.m., in the DON office, head injury during the fall or confirmed the clip alarm was not on the resident an un-witnessed fall, was at the time of the fall on June 28, 2011. revised to call the Physician Review of the resident's Care Plan, dated and obtain orders for November 11, 2011, revealed "...2 person frequency of Neuro checks. assistance at all times...maxi lift with all All residents experiencing transfers...chair alarm on at all times..." falls will be monitored for 72 Medical record review of a nurse's note, for hours including Neuro checks resident #19, dated December 22, 2011, at 7:30 as ordered by physician. a.m., revealed "...resident in bath room in shower chair. Certified Nurse Assistant (CNA) observed DON or designee will resident fall sideways out of the shower chair, monitor this process effective landing on the right side. Resident was assessed 5/16/12. for injuries, small contusion noted to right side of Inservices given 5/27/2012forehead. No other injuries noted. Neuro checks started..." 5/30/2012 to all RN's, LPN's, CNA's, Review of facility documentation, dated Housekeeping, Dietary, December 22, 2011, at 7:20 a.m., revealed Social Worker, Maintenance, "...CNA stated to nurse that resident was in the bathroom in the shower chair... CNA observed Activities Director, Laundry, resident fall sideways out of shower chair landing PT, Office Staff, on right side...CNA stated that the shower chair Administrator, Feeding did not have a seat belt...". Continued review of the facility documentation revealed "...shower Assists. Staff not in chair seat belt repaired by maintenance..." attendance will not be able to work until inservices are Interview with CNA #11, on May 15, 2012, at 11:30 a.m., in the shower room, the CNA stated "I complete. DON/RN will was giving another resident a bath and the oversee inservices and report resident was in the shower room to use the to OA/PL bathroom...the resident leaned forward and fell

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N	out of reside show chair.  Telep Nurse revea regard chair. me the remer chair  Intervitible Ca 3:30 p reside showe showed docum the resintervite DON reside showed for the second that of the second the reside showed for the second that of t	thone Interview of (LPN) #5, on Med the LPN was ding the resident Further interview of resident slipped and the LPN was at the	with Licensed May 15, 2012, s notified by C t falling out of were alled " et on the floor is were on the externor of Nursin as seat belt in interview confiave safety belayes of the characteristic of the nursing vealed the rest of a Nursing P	Practical at 10:30 a.m. CNA #11 the shower the CNA tolor and I don't shower the CNA tolor and the cartment did and the repair acility on July all and Chronic assessment, sident had fills and highly trooress	d d	N 424	Exhibit #  Resident # 21  After being informed surveyor that CNA ###################################	by 12 had # 21 a rong cted a h CNA ther  must on the s are in yer lift ith all 3 and on sed ed 2.	5/24/12	

Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING TN7201 05/15/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE LAURELBROOK SANITARIUM DAYTON, TN 37321 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PRFFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Continued From page 13 N 424 tag cited. N 424 revealed "...res (resident) fell out of bed landed Inservices given from on the floor L (left) side ...hematoma 5/27/2012-5/30/2012 to all forehead...skin tear left thumb...transfer to RN's, LPN's, CNA's, hospital..." Housekeeping, Dietary, Social Worker, Maintenance, Review of facility documentation, dated August 4, 2011, at 2:15 p.m., revealed "...investigation Activities Director, Laundry, revealed faulty side rail...Update: repair side rail PT, Office Staff. immediately...8/4/11 side rail repaired..." Administrator, Feeding Observation on May 15, 2012, at 11:00 a.m., in Assists. Staff not in the dining hall, revealed the resident sitting in a attendance will not be able to Geri-chair asleep and with a clip alarm in use. work until inservices are Interview with Director of Nursing (DON) and the complete. DON/RN will Care Plan Coordinator, on May 15, 2012, at 12:30 p.m., in the nurse's station, confirmed the faulty oversee inservices and report side rail caused the resident to fall on August 4, to QA/PI. 2011. Further interview with the Care Plan Coordinator confirmed the facility failed to investigate the cause of the faulty side rail, what was fixed on the side rail or a descriptive All residents received a Side assessment of the incident. Rail Assessment by a licensed nurse to determine C/O #27230 #27636 appropriate use of side rails N 601 1200-8-6-.06(1)(a) Basic Services and restraints on those N 601 residents identified as being (1) Performance Improvement. restrained by the use of side rails, Geri chairs, merry-(a) The nursing home must ensure that there is an effective, facility-wide performance walkers or specialized improvement program to evaluate resident care wheelchairs. They received a and performance of the organization. pre-restraint assessment and an informed consent was This Rule is not met as evidenced by: obtained. This process was Based on review of the Performance begun on 5/15/12 and was Improvement Committee attendance records, completed on 5/29/12 with facility investigation reviews, facility policy

STATEMENT OF DEFI	CTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI TN7201	RYCLIA MBER:	(X2) MULTIPL A. BUILDING B. WING	E CONSTRUCTION 01 - MAIN BUILDING 01		LETED
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424					Medical Director and D approval. Inservices give 5/27/2012-5/30/2012 to RN's, LPN's, CNA's, Housekeeping, Dietary, Social Worker, Mainten Activities Director, Laur PT, Office Staff, Administrator, Feeding Assists. Staff not in attendance will not be alwork until inservices are complete. DON/RN will oversee inservices and rotto QA/PI.  Exhib  The following policies or procedures have been changed by the DON and approved by Medical Director and QA Commit on 5/27/12 to address the deficiencies and practices.  -Use of Restraints Inservices given 5/27/20 5/30/2012 to all RN's, LPN's, CNA's, Housekeeping, Dietary, Social Worker, Maintena Activities Director, Laure PT, Office Staff, Administrator, Feeding	en all ance, ndry, ole to eport it # 9 r d ttee ese s 012-	5/24/1

AND PLAN OF	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	ER/CLIA MBER:	(X2) MULT A. BUILDII B. WING	min adicasing of	1	PLETED
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!					Exhibit # 10		
!			1		Teachable moments/in-		
					services were conducted	d by	
i					DON on 5/24 and 5/25/	12 on	
į			İ		the following topics:	į	
j			1		-Resident Rights and Di	gnity	
I					-Restraints ie Seclusion	·	
i					-Abuse/Seclusion for		
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1424				10424	Inservices given 5/27 5/30/2012 to all RN's, LPN's, CNA's, Housekeeping, Dietary Social Worker, Mainte Activities Director, Lar PT, Office Staff, Administrator, Feeding Assists. Staff not in attendance will no be a	nance, undry,	5/24/

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/SIDENTIFICATION NUMB	ER:	(2) MULTIPL BUILDING . WING	E CONSTRUCTION	(X3) DATE COMP	SURVEY		
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N 424	revealed "res (resident on the floor L (left) side foreheadskin tear left hospital"  Review of facility document of the control of t	dent) fell out of bed lande dehematoma eft thumbtransfer to umentation, dated Augu evealed "investigation ailUpdate: repair side t	st 4,	24		1/2	5/24//		
1	Observation on May 1 the dining hall, reveale Geri-chair asleep and Interview with Director Care Plan Coordinator p.m., in the nurse's sta	15, 2012, at 11:00 a.m., ed the resident sitting in with a clip alarm in use. r of Nursing (DON) and t r, on May 15, 2012, at 1 ation, confirmed the faul	the 2:30						
	side rail caused the re 2011. Further interview Coordinator confirmed investigate the cause of was fixed on the side r assessment of the inci-	sident to fall on August of which the Care Plan of the facility failed to post the faulty side rail, where it or a descriptive	4,						
	C/O #27230 #27636 1200-8-606(1)(a) Bas	ic Services	N 601		F520 483.75	5 (o)(i)			
(	(1) Performance Impre	must ensure that there	is		QA Committee Members/Meet Quarterly/ Plan	6			
ii a T B	an effective, facility-wid mprovement program to and performance of the This Rule is not met as Based on review of the mprovement Committe acility investigation revi	to evaluate resident care e organization. s evidenced by: Performance e attendance records.	е		1) The Quality Assu Plan was reviewed ar revised by the DON a Healthcare Consultan 5/28/12. This revised Quality	nd and at on			

Divisio	n of Health Care Faciliti	es			FORM APPROVED
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLI. IDENTIFICATION NUMBER TN7201	(X2) MU :: A BUILE B. WING		(X3) DATE SURVEY COMPLETED
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N 601	reviews, observations failed to ensure the Pocommittee identified to behavior management health rehabilitative se	and interviews the facility		Assessment/Performa Improvement Plan wa presented at the 5/29/ Committee for approvemembers.	as   5 24 14 12 OA
	injuries of unknown or not utilized the data fro track, trend, and addre concerns (both individuate data gained in form ensure resident safety the facility.  Interview with the Admin 1:10 p.m., in the Admin resident to resident about 1:10 p.m., in the Admin resident about 1:10 p.m., in the Admin resident to resident about 1:10 p.m., in the Admin resident about 1:10 p.m., in the Admin resident to resident about 1:10 p.m., in the Admin resident to resident about 1:10 p.m., in the Admin resident to resident about 1:10 p.m., in the Admin resident to resident about 1:10 p.m., in the Admin resident to resident about 1:10 p.m., in the Admin resident to resident about 1:10 p.m., in the Admin resident about 1:10 p.m., i	stigations related to resident abuse, falls, and igin revealed the facility had made to the investigations, to ess resident safety ually and globally), or to usuality and globally), or t	se n	Exhibit # 25  A revised QA standing agenda was developed Healthcare Consultant ensure quality issues a addressed and standing reports are reviewed quarterly for any issues resident care. This standagenda was approved 5 by the QA Committee.	I by the to re g s with nding 5/29/12
I A A F A F A F A F A F A F A F A F A F	interview with the DON, Administrator's office, on o.m., confirmed that no olan had been develope	outside the n May 8, 2012, at 2:00 behavior management of or utilized by the facility place were not adequate y. The DON further falls had not been Performance Review		Fig. 1	

Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING TN7201 05/15/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE LAURELBROOK SANITARIUM DAYTON, TN 37321 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Continued From page 15 N 601 infection control, and wound phone on May 14, 2012, at 2:17 p.m., revealed reports. This was completed the MD is a Performance Improvement on 05/29/2012 to be used at Committee member and attends quarterly meetings. The MD makes the decisions regarding the next QI meeting. psychiatric and other health related consultations for the residents. The MD denied remembering Exhibit # 14 the incidents of resident to resident abuse or specific concerns related to resident safety. The Medical Director confirmed there was/is no specific behavior management policy employed by the facility. C/O 272636 #27230 #27265 #28092 2) The DON reviewed the deficiencies stated in the N 619 1200-8-6-.06(2)(d)7. Basic Services N 619 2567 to identify in-services needed and to address each (2) Physician Services. tag cited. (d) The Medical Director shall be responsible for Inservices given to all RN's, the medical care in the nursing home. The LPN's, CNA's, Medical Director shall: Housekeeping, Dietary, 7. Advise and provide consultation on matters Social Worker, Maintance, regarding medical care, standards of care, Activities Director, Laundry, surveillance and infection control. PT, Office Staff, Administrator, Feeding Assists by DON and This Rule is not met as evidenced by: RN/BSN from 5/27/12-Based on medical record review, facility policy 5/30/12. Staff not in review, observation, and interview, the Medical Director failed to provide oversight and participate attendance will no be able to in the development of policies and procedures to work until inservices are ensure resident safety, ensure residents were complete. DON/RN will free from abuse, and ensure that residents with mental illness/behaviors were provided oversee inservices and report psychiatric services. to QA/PI. The findings included:

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LAURELBROOK SANITARIUM  STREET ADDRESS, CITY, STATE, ZIP CODE  114 CAMPUS DRIVE DAYTON, TN 37321  SUMMARY STATEMENT OF DEFICIENCIES REGULATORY OR LSC IDENTIFYING INFORMATION)  N 619  Continued From page 16  Telephone interview with the Medical Director (MD) on May 14, 2012, 2:17 p.m., revealed the Committee Meetings; was involved in implementation of facility policies and procedures system in place to identify abuse, safety, and no  Deficiency  SIMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED 10 THE APPROPRIATE DEFICIENCY)  F 501 483.75 (2)  Responsibilities of Medical Director Responsibilities of Medical Director  I) Upon receipt of the 2567 Deficiency Report on 5/21/12  Continued interview revealed the MD base  Deen aware at the man and the mode of the MD base  COMPLETED  OS/15/201.		Division of Health Care Facil STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUME	BER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING	PRINTED: 05/22/2012 FORM APPROVEL
LAURELBROOK SANITARIUM  STREET ADDRESS, CITY, STATE, ZIP CODE  114 CAMPUS DRIVE DAYTON, TN 37321  SUMMARY STATEMENT OF DEFICIENCIES REGULATORY OR LSC IDENTIFYING INFORMATION)  N 619  Continued From page 16  Telephone interview with the Medical Director (MD) on May 14, 2012, 2:17 p.m., revealed the Committee Meetings; was involved in implementation of facility policies and procedures related to safety or abuse; and there was no behavior management program.  STREET ADDRESS, CITY, STATE, ZIP CODE  114 CAMPUS DRIVE DAYTON, TN 37321  PREFIX TAG  PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  N 619  F 501 483.75 (2)  Responsibilities of Medical  Director  1) Upon receipt of the 2567 Deficiency Report on 5/21/12 identifying immediate		TO THE OF PROVIDER OR SUPPLIER	I N7201	E	3. WING	COMPLETED
N 619 Continued From page 16 Telephone interview with the Medical Director (MD) on May 14, 2012, 2:17 p.m., revealed the Committee Meetings; was involved in implementation of facility policies and procedures system in place to identify abuse, safety, and no behavior management program.  N 619  PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  N 619  F 501 483.75 (2) Responsibilities of Medical Director Responsibilities of Medical Director Responsibilities of Medical Director  1) Upon receipt of the 2567 Deficiency Report on 5/21/12 identifying immediate		LAURELBROOK SANITARIUM (X4) ID	VENUE	STREET ADDRESS.	CITY, STATE, ZIP CODE	05/15/2012
been aware of the facility's intervention of seclusion for resident #1's behaviors. The MD stated "it would be an appropriate intervention for a resident cursing staff"  c/o #27636 #27230 #27265 #28092  N 643  1200-8-606(3)(i) Basic Services  (i) The facility shall have an annual influenza vaccination program which shall include at least:  1. The offer of influenza vaccination to all staff and independent practitioners or accept documented evidence of vaccination from another vaccine source or facility;  2. A signed declination statement on record from all who refuse the influenza vaccination for other than medical contraindications;  3. Education of all direct care personnel about  (ii) Non-vaccine control measures, and	3 th	Telephone interview with (MD) on May 14, 2012, MD attended the Perform Committee Meetings; was implementation of facility related to safety or abuse system in place to identify behavior management proceed been aware of the facility's seclusion for resident #1's is stated "it would be an appropriate for a resident cursing staff  c/o #27636 #27230 #27265; c/o #27636 #27230 #2	ices  annual influenza incept ation to all staff r accept ation from c; ant on record vaccination for ns; arsonnel about	N 643	F 501 483.75 (2) Responsibilities of Director  1) Upon receipt of Deficiency Report identifying immediate policies by the DON full Survey report we reviewed in-depth we medical Director on The Abuse Investigate policies, i.e. Reporting To Facility Management Resident To Resident Altercation; Abuse Investigations; Behavior Assessment and Monitor have been reviewed by the DON and approved by the Medical Director, Administrator and Control of the Property of th	of correction action should be of the Appropriate ncy)  of Medical  of the 2567 on 5/21/12 tate tag, the as as with 5/27/12.  ion g Abuse ent;  or oring oring of the action of the acti

Division of Health Care Facilities STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 B. WING TN7201 05/14/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 114 CAMPUS DRIVE LAURELBROOK SANITARIUM DAYTON, TN 37321 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X4) ID PREFIX (X5) COMPLETE DATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) N419 Nul9 Exhibit #24 The Abuse Investigation policy was inserviced with the Administrator, DON and Medical Director on 5/27/12 by the Healthcare Consultant emphasizing the importance of recording abuse allegation, investigating and reporting in a timely manner. The DON implemented a Behavior Management and Monitoring Program effective following approval by the Medical Director on 5/27/12 and QA Committee. All residents admitted with a history of impaired cognition, problematic behavior, or mental illness will have a consultation with a Geropsych Practitioner. This was addressed in the revised Behavior Assessment and Monitoring policy. This policy was reviewed and approved by the Medical Director and QA Committee on 5/27/12.

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N419				N419	Exhibit # 10		5/29
					On 5/27/12 the DON revised and developmew Behavior Management and Monitoring Policies address residents identified as having problematic behavior that would need psychiatric consultational management. These policies include Behavioral management and Monitoring, use of Restraints and Unmanageable Residents admitted whistory of impaired cognition, problematic behaviors, or mental illness will have a Geriopsych Practitione Consult. This was	to  rs  ion  ents. ith a	
					addressed in the revise Behavior Assessment	and	

P 16/16 PRINTED: 05/17/2012 FORM APPROVED

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N419				NU/9	Monitoring Policy.		51
į	V 22			•	Policies were approved	72	10/0
			i		by Medical Director and		i
			. [		QA Committee on		İ
					5/27/12. Inservices giver	1	į
,			1		to all RN's, LPN's,		
i			1		CNA's, Housekeeping,		
:					Dietary, Social Worker,		i
i				Į.	Maintance, Activities Director, Laundry, PT,		:
i			-	1	Office Staff,		
ļ			1		Administrator, Feeding		
1				1	Assists by DON and		
!			1	1	RN/BSN from 5/27/12-	;	
į					5/30/12. Staff not in	!	
1					attendance will no be able	e !	
1					to work until inservices	!	
į					are complete. DON/RN		
i			İ		will oversee inservices	1	
					and report to QA/PI.	į	
1					In-services were	!	
į					conducted on revised	i	
į			0.		Behavior Management	į	
					Policies and Guidelines for Notification of		
!					Physician for Problematic	ĺ	
!				ŀ	Behaviors and other	!	
į			i		issues that address	1	
					residents not responding		
;			ļ		satisfactorily to	1	
:				1	treatments. These in-	1	
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NUIG				N/419	services were conduct on 5/28/12 & 5/29/12 DON and RN/BSN. Inservices given to all RN's, LPN's, CNA's, Housekeeping, Dietar Social Worker, Maintance, Activities Director, Laundry, PT Office Staff, Administrator, Feedin Assists by DON and RN/BSN from 5/27/12 5/30/12. Staff not in attendance will no be to work until inservice are complete. DON/RI will oversee inservices and report to QA/PI.	ted by	5/2
					The Administrator and DO reviEwed the Geropsych contact to ensure every of week visits could be provi to address residents with implaired cognition, problematic behavior or mental illness. This was confirmed on 5/18/12 by the Adr#inistrator.	her ided	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	ERICLIA IMBER;	(X2) MULTIP A. BUILDING B. WING	LE CONSTRUCTION  O1 - MAIN BUILDING D1	(X3) DATE COM	SURVE
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(Q/9			S S S S S S S S S S S S S S S S S S S	Investigation Form has possible Preventative Measures and suggested interventions that can ai licensed staff with implementing appropria interventions. Also Fall Prevention and Potential Interventions and Strateg for Reducing the Risk fo Falls were posted at the Nursing Station as a reso for selection of interventif a fall occurs. This was done 5/29/12 by DON. The Falls Prevention Program includes a quarter assessment of resident rocand bath equipment conducted by maintenance staff for needed repairs. The assessment was begun fanuary 2012 and revised 05/29/2012 to capture the ppropriate documentation for repairs.  Inservices given 5/27/2013/30/2012 to all RN's, PN's, CNA's, ousekeeping, Dietary,	d d te gies r ource ions erly oms e This	5/2

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N619			N419	Social Worker, Mainten Activities Director, Laur PT, Office Staff, Administrator, Feeding Assists. Staff not in attendance will no be abwork until inservices are complete. DON/RN will oversee inservices and reto QA/PI. The newly created falls checklist provides the notification as a remindenthe staff to PT of falls.  The Falls Prevention and Potential Interventions we placed at nurses on 5/28/2 and inserviced to nurses a others, 5/28/12-5/30/12 b. DON and RN/BSN.  The DON is responsible for the overall Falls Preventice Program, effective 5/29/26	ndry, le to eport r to as 12 and y or	5/29

	FCORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION NI TN7201	JMBER;	A. BUILD B. WING		(X3) DATE COMPI	SURVE LET <b>E</b> D
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NG19				NG 19	The Accident and Incide Clinical Protocol policy conducting Neuro checks following incidents wher residents may have suffer head injury during the fall an un-witnessed fall, was revised to call the Physiciand obtain orders for frequency of Neuro check All residents experiencing falls will be monitored for hours including Neuro cheas ordered by physician. DON or designed will monitor this process effect 5/16/12.  Inservices given 5/27/20: 5/30/2012 to all RN's, LPN's, CNA's, Housekeeping, Dietary, Social Worker, Maintenand Activities Director, Laundi PT, Office Staff, Administrator, Feeding	for seried ll or lian cs. ll or le ceks ll o	5/2
: : :			٦		Assists. Staff not in attendance will no be able t work until inservices are	0	

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V(U/7)				N419	Use of Restraints		1-1
				1 - 1 /	Behavior Assessment as	nd .	10/6
!			j		Monitoring		
					Side rail Evaluation on		
•			1	85	Admission and Quarterl	v	i i
					Abuse	.5	1
1			1		Investigation/Seclusion		i
!			}		Resident Rights/ Guidel	ines	:
i			j		for all Nursing Procedur	es	,
!			!		Accident and Supervision	n	
!			į		Exhibit # 10		
					On 5/29/12 Medical Directated QA Committee		
i			-		and Q11 Committee		
!			-	.	approve any policies or	]	
!					process changes that need	ed	
1					to be addressed. He was a	also i	
			1		available for any residents	,	
1					issues that nurses and office	ce	
					may have had or orders needing signatures.	ļ	
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JQ19				NC019	On 5/27/12 the Medical Director made rounds, assessed and evaluated residents with psychoac medications or residents behavior diagnoses. This evaluation was also documented in the Med Record 5/27/12.	all tive s with s	5/29/16		
					8 9	-			

Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING TN7201 NAME OF PROVIDER OR SUPPLIER 05/15/2012 STREET ADDRESS, CITY, STATE, ZIP CODE LAURELBROOK SANITARIUM 114 CAMPUS DRIVE DAYTON, TN 37321 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) N 761 Continued From page 18 F223 483.13(b), 483.13 (c) (l) (i N 761 ) Free Form (f) A minimum of three (3) days supply of food shall be on hand. Abuse / Involuntary Seclusion This Rule is not met as evidenced by: After being informed of the Based on observation and interview the facility facility's failure to protect failed to ensure a method to determine three day residents from abuse the food supply. following was put in place: The findings included: Resident #1 - Changed Observation of the facility's dry food storage areas, coolers, and freezers on May 14, 2012, at resident's Care Plan effective 10:00 a.m., in the dietary department, revealed 05/16/2012: 1. Deleted the no special area set aside for an emergency approaches for his disruptive supply per the Dietary Manager. behavior that allowed Interview with the Dietary Manager on May 14, resident to be placed in room 2012, at 10:05 a.m., in the dietary department, with door closed with confirmed the facility had no formula or method wheelchair disengaged, for calculating the amount of food required for the three day emergency supply and was not sure if power cord removed from there was enough food stored to meet the three chair 2. Changed resident's day emergency menu. 10:30 p.m. bedtime to allow him to determine his own bed N1207 1200-8-6-.12(1)(g) Resident Rights N1207 time. (1) The nursing home shall establish and All residents are permitted to implement written policies and procedures setting go to bed at their choice of forth the rights of residents for the protection and time effective 05/16/2012 by preservation of dignity, individuality and, to the extent medically feasible, independence. MDS Coordinator. Residents and their families or other Exhibit #1 representatives shall be fully informed and documentation shall be maintained in the On 05/16/2012 the changes to resident's file of the following rights: resident #1's Care Plan was (g) To be free from mental and physical abuse.

Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING TN7201 05/15/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE LAURELBROOK SANITARIUM 114 CAMPUS DRIVE DAYTON, TN 37321 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) N1207 Continued From page 19 verbally communicated to the N1207 Should this right be violated, the facility must nursing staff working on the notify the department within five (5) working days. 6 a.m. - 2 p.m., 2 - 10 p.m.,The Tennessee Department of Human Services, and 10 p.m. - 6 a.m. shiftsAdult Protective Services shall be notified by the DON & MDS immediately as required in T.C.A. §71-6-103; Coordinator and all subsequent shifts until the This Rule is not met as evidenced by: written revised care plan was Based on medical record review, observation, and interview, the facility failed to prevent abuse completed later on that day, for four (#1, #2, #11, and #16) residents of 05/16/2012. twenty-seven residents reviewed. On 05/16/2012, the The findings included: Administrator conducted a Resident #1 was admitted to the facility on July 8, late investigation regarding 2008, with diagnoses including Quadriplegia, Mood Disorder, Seizure Disorder, and Bipolar Disorder. resident # 1's allegation that employee's husband blocked Medical record review of the nursing assessment him in his room and touched dated March 15, 2012, revealed the resident had his arm. intact cognitive skills and no memory impairment; had no mood symptoms; required total -5/27/12-Inservice given by assistance with activities of daily living (ADL); had Administrator to employees' impairment of upper and lower extremities; and spouse. used an electric wheelchair for mobility. -Witness statement was Medical record review of the Care Plan dated added to the abuse March 15, 2012, revealed "...if res (resident) investigation form. A one on continues to curse...escorted or told to go to room one in-service was given to for a 10 min (minute) cool down period...res not allowed to curse outside...room if res is not the employee's spouse by the cooperative escort to room and disengage Administrator on 5/17/12. (turning off the source of electric power resulted -Employee's spouse attended in resident being unable to propel self) W/C an in-service on abuse and (wheelchair) for 10-15 min...ensure safety and leave the room...' neglect on 5/27/12. -On 5/29/12, the DON Medical record review of a nurse's note dated

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/S IDENTIFICATION NUMBER TN7201	CLIA ER:	(X2) MULT A. BUILDIN B. WING _			E SURVEY PLETED
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F # # av out bee sto	Continued From page March 19, 2012, at 10 (Resident #1) having a Medical record review March 19, 2012, at 10 "Doctor notified of po Review of a written state Aide (CNA) #5 dated M "spoke up and inform be staying in bed for 15 punishment for cussing Review of a written state Practical Nurse (LPN) # revealed "told (Reside disengagechairdise toroom and door left of care plan" Review of a written state June 24, 2011, revealed sushing(Resident #1's seen disengagedtoro Review of a typed stater 2 dated June 24, 2011,power cord was taken 1's)power chairwas whilecooled down and tot ofroom" eview of a written state and June 24, 2011,power cord was taken 1's)power chairwas whilecooled down and tot ofroom" eview of a written state and 1's)power chairwas whilecooled down and tot ofroom"	c:00 a.m., revealed " a seizure"  of a nurse's note dated control of a nurse's note dated control of a nurse's note dated control of a nurse's note dated control of a nurse's note dated obsible seizure"  Attement by Certified Nurse and control of a nurse	se Id plan	N1207	investigated an alleg abuse, using the new approved on 5/27/12 including witness sta and documented inter	tements rviews. bit # 35  ted a rding n of an aking him.  sed t	5/29

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Med Oct (Re	August 31, 2011, revicussing the nurseyo and be in your room of Medical record review September 20, 2011, patient) upset started W/C disengaged due Medical record review September 20, 2011, aCNA letknowwa Resident #1) became reguing againescorted dedical record review ctober 19, 2011, at 11 Resident #1) continuing assayingwere assault dietdisregarded all interest and interest assayingwere assault dietdisregarded all interest assayingwere assault dietdisregarded all interest assayingwere assault dietdisregarded all interest assayingwere assault dietdisregarded all interest assaying and the ep"  dical record review of tober 20, 2011, at 3:00 continuing to keep(interest assaying and the ep"  dical record review of tober 20, 2011, at 3:00 continuing to keep(interest assaying assaying and the ep"  dical record review of tober 20, 2011, at 3:00 continuing to keep(interest assaying	tatement by CNA #4 date ealed "(Resident #1) ou don't want to get a state of you"  of a nurse's note dated at 5:25 a.m., revealed "do behavior"  of a nurse's note dated at 7:04 a.m., revealed at 1:04 a.m., revealed at at 1:04 a.m., revealed at at 3:04 a.m., revealed at at 3:04 a.m., revealed at 3:04 a.m., revealed at 3:05 a.m., revealed 3:05 a	de de	N1207	written employee and resident statements.  Exhibit #35  On 05/19/2012, the Administrator conducted a investigation regarding the housekeeping supervisor's comment about resident # looking in a mirror and seeing a monkey. Correct action was noted on the investigation.  One on one in-service to Housekeeping Supervisor 5/19/2012 by the Administrator.  Exhibit # 4  The Abuse Investigation Policy & Restraint Management Policy was reviewed and revised by the DON and Health Care Consultant on 05/28/2012 and these policies were reviewed by the Health Carconsultant with the DON, Administrator and Medical Director emphasizing the elimination of the use of	e s l	

IDE		X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER TN7201	R:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED		
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N1207	Medical record October 20, 201 "reminded(Re at 10:30 p.mca	Medical record review of a nurse's note dated ctober 20, 2011, at 4:45 a.m., revealedreminded(Resident #1)care plan to go to bed 10:30 p.mcan do whatwantcontinuing to the president safe inrem and other.			207	seclusion, reporting ab- investigation of abuse, using the Resident Abu Investigation Report Fo Inservices conducted of	and of use orm.	5/29/
t ti	keep resident safe inroom and out of hallways"  Medical record review of a nurse's note dated October 20, 2011, at 6:20 a.m., revealed " (Resident #1) still inchair inroom"  Medical record review of a nurse's note dated October 20, 2011, at 10:48 a.m., revealed "resident (#1) sitting in chair asleep"  Medical record review of a nurse's note dated October 20, 2011, at 12:00 p.m. (noon), revealed "(Resident #1's) W/C still disengagedC/O (complains of) not being taken care ofdid want to lay down which according to care plan is on third shiftbeen primarily sleeping in chair all morning"		- 1		5/27/12-5/30/12 to all I LPN's, CNA's, Housekeeping, Dietary Social Worker, Maintan Activities Director, Lan PT, Office Staff, Administrator, Feeding Assists by DON and RN/BSN from 5/27/12- 5/30/12. Staff not in attendance will no be able work until in-services are	, nce, indry,		
re al re al di wa	0:50 a.m., in the esident sitting in the esident sitting in the estate and oriented. "I have a ways want to go sengage my whe ant them to do the an. They sometime	resident's he electri Interviev bedtime to bed at elchair so atI wan nes bloci	10:30. They ometimes! don't that off my care k my wheelchair!			complete. DON/RN will oversee in-services and re to QA/PI.  Exhibit # 5	port	
don't like that. The Director of Nursing's (DON) husband blocked me in and touched my armI don't want him in my roomhe threatened me." Continued interview with the resident revealed "two other employee's husbands came to the facility and threatened the resident; the staff make me eat last; when left in the wheelchair					Resident # 2 & # 3  The DON implemented a Behavior Assessment and Monitoring program effect following approval by the	tive		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN7201		(XE) MOL	(X2) MULTIPLE CONSTRUCTION A BUILDING B. WING		(X3) DATE SURVEY COMPLETED	
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In at co as you rest out to t and Fur was	resident curses the state are instructed to disenge wheelchair, place the regroom, and shut the doo yelling.  Interview with housekees 2012, at 10:40 a.m., in the confirmed the housekees the resident, more than mirror "when you look monkey?" Further interview supervisons	(day shift supervisor) on at lobby, confirmed the ff frequently and the staff gage the resident's electric esident in the resident's rif the resident starts  eping supervisor on May 8 the physical therapy room, sping supervisor did ask once, while holding a in a mirror do you see a view at this time with the resident eping supervisor that the end (not defined) the eping supervisor that the end (not defined) the eping supervisor and not strator on May 8, 2012, anistrator office, ing supervisor had a see a monkey when staff disengaged the nair when the resident the ecare plan. Continued ree's husbands speaking resident's behaviors; a not been investigated. The confirmed the NHA ont's right related to		Medical Director on 05/27/2012 and the Q. committee on 05/27/2 All residents admitted history of impaired coproblematic behavior, mental illness will have consultation with a Geriopsych practitione was addressed in the rebehavior Assessment Monitoring policy. The policy was reviewed & approved by the Medic Director and QA common 05/27/2012. Inserviconducted on 5/27/12-5/30/12 to all RN's, LFCNA's, Housekeeping, Dietary, Social Worker Maintance, Activities Director, Laundry, PT, Staff, Administrator, For Assists by DON and RN/BSN from 5/27/12-5/30/12. Staff not in attendance will no be all work until inservices are complete. DON/RN will	A 012. with a gnition or re a er. This evised & is a cal nittee ces end of the end of th	5/29

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STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE TN7201	LIA :R:	(X2) MULTII A. BUILDING B. WING	PLE CONSTRUCTION		E SURVEY PLETED
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N1207	Continued From page	e 24	1				
	investigated since December 23, 2010.  Interview with the DON on May 8, 2012, at 12:25 p.m., in the front office, confirmed the alleged abuse by the DON's spouse had not been			oversee to QA/P			5/24/12
					Exhibit # 6		
i i i i i i i i i i i i i i i i i i i	reported due to the Dice Continued interview a DON could not deny of touched the resident. It time with the DON corresponding to the with the DON corresponding to the two other espoken with the reside unaware of date; and his properties of the treatment of the	ON had been present. It this time revealed the procession of the spouse Further interview at this offirmed the DON had been procession of the DON had been provided by spouses had not reported or displayed abuse.  In the CNA #6 on May 8, offirmed the resident curse ted by DON per the care ted by DON per the care wheelchair; check every dident was to go to bed at assident refuses to go to	es ;	facility Services History policy. reviewe Services 05/17/2 service current Coordin	dents admitted to the will have a Social s Assessment / according to facility Administrator d with the Social s Coordinator on 012. A one on one inwas conducted with Social Service nator on 5/17/12 by inistrator.  Exhibit # 7		
In p. cu wa dis res do to wh sta	Interview with the DON on May 8, 2012, at 2:35 p.m., in the front office, confirmed the resident curses the staff frequently; care plan intervention was to place the resident in the resident's room; disengage the electric wheelchair; check the resident every ten to fifteen minutes; close the door if the resident yells; the resident was unable to use the call light while up in the electric wheelchair; the resident had no means to call the staff; and has a history of seizure activity.			ocess for oncerning esident # ursing act eaning up mployee:	2 the DON began the counseling LPN #3 her approach to 11 for inappropriate ions related to 6 feces from floor. resigned May 17, e actual counseling		

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AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/SIDENTIFICATION NUMB	CLIA (X2) MUL ER: A. BUILD B. WING		(X3) DATE COMP	SURVEY
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To the with no resinte with with resintence resintence resint	p.m., at the nurse's staresident curses the stabeen instructed to "pl resident's room when delectric wheelchair; thir the door if the resident resident was unable to in the electric wheelchair the electric wheelchair the electric wheelchair the electric wheelchair the electric wheelchair the electric wheelchair the confirmed the resident constructed to leave the recom; shut the door if the electric wheelchair disengage the electric elephone interview with elay 9, 2012, at 8:45 a.m. ame to the facility March electric elephone interview with electric elephone interview with the electric elephone interview with the confirmed the spouse to to use "that" language electronic elephone interview with the total to talk to the spouse the phone with the facilident #1 cursed the CN dident #1 cursed the CN dident about cursing the enview at this time revealed the spouse talking the electric was the spouse talking the electric was the spouse talking the electric was the spouse talking the electric was the spouse talking the electric was the spouse talking the electric was the spouse talking the electric was the spouse talking the electric was the spouse talking the electric was the spouse talking the electric was the spouse talking the electric was the spouse talking the electric was the spouse talking the electric wheelchair the electric was the electric	ation, confirmed the aff frequently; the CNA is lace the resident in the cursing, disengage the aty minutes at most; shu starts yelling" and the use the call light while use the call light while use the call light while use the staff frequent esident in the resident's resident in the resident's resident starts yelling ric wheelchair.  In the DON's spouse on and, confirmed the spouse in 6, 2012, heard the light with the female staff; and went to the Further interview at this resident did use.  CNA #10 on May 14, red the CNA had been lifty in May 2011; IA; the CNA's spouse ident's cursing; the facility "spoke" to the CNA. Further	N1207	was done. This incider reported to the Board of by DON on 05/29/201  Exhibit  2)  The DON reviewed the deficiencies stated in the identify in-services need address each tag cited. Services were conducted 5/24, 5/27, 5/28 and 5/24, 5/28 and	nt was of Nursing 2. t # 8 ne 2567 to eded and to In- ed 5/15, 29 on — Residents ety, Fall esidents avior s were 12 to all ectivities c, Office Feeding EN/BSN Staff not the able to re full oversee	5/29

AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/S IDENTIFICATION NUMBE TN7201	CLIA ER:	(X2) MULT A. BUILDII B. WING	TIPLE CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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or a in the second seco	a.m., in the DON office 2011, around midnight cursing the staff; the re cursing; the resident's	N on May 14, 2012, at 9: a, revealed on October 1 the resident had been esident refused to quit electric wheelchair had resident had been place without a call light; the able to call for assistance esident had a known ty; the resident's electric fit disengaged for twelvested to go to bed at the and had been informed in a known seizure disordity in the resident's room wheel chair and without ould be an appropriate ent's behavior of cursing ew confirmed the MD eations of the frequency necked on while in  Nurse Practitioner (NP in 12 p.m., revealed a resident's room, wheelchair, without a call he NP #1's professional priate intervention for staff.	19, ed ce ce ce ce ce ce ce ce ce ce ce ce ce	N1207	The following policic procedures have been changed to address the deficiency practice:  -Use of Restraints -Behavior Assessment and Monitoring -Side rail Evaluation on Admission and Quarterly -Abuse Investigation -Resident Rights Guide for all nursing procedurent RN, LPN's, CNA's, Housekeeping, Dietary Social Worker, Mainta Activities Director, Late PT, Office Staff, Administrator, Feeding Assists by DON and RN/BSN from 5/27/12-5/30/12. Staff not in attendance will no be all work until inservices and complete. DON/RN will oversee inservices and red QA/PI.  Exhibit # 10	elines ares  , nce, undry, ele to e	5/29//

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Me Fe " to to to Cook	assessment) revealed cognitively impaired, he and required limited state (Activities of Daily Livin Medical record review resistory of falls and wanded and record review in the record review in the record review of the	of the nursing ovember 4, 2010, (prior to 23, 2012, (current the resident was severe as a history of wandering aff assistance with ADLs ag).  The evealed resident #2 has dering behaviors. The included review of a facility ary 2, 2011, sustained a details of the fall or new amented.  If the care plan dated aled an entry dated led, "resident tried to resident (#1) and fell"  a Nurse's Note (for mober 13, 2011, revealed be a resident (#1) and fell"  a Nurse's Note dated on p.m.revealed, earlichair and managed the resident still in it"  ebruary 29, 2012	ly g, d a lity a	Teachable moments/inservices were conducted by DON on 5/24 and 5/25/12  -Resident Rights and Dignit-Restraints i.e.: Seclusion -Abuse/Seclusion for Resident #1  -Accident and Supervision -Behavior Management Inservices conducted on 5/27/12-5/30/12 to all RN's. LPN's, CNA's, Housekeeping, Dietary, Social Worker, Maintance, Activities Director, Laundry PT, Office Staff, Administrator. Feeding Assists by DON and RN/BSN from 5/27/12-5/30/12. Staff not in attendance will no be able to work until inservices are complete. DON/RN will oversee inservices and report to QA/PI.	ty
geri ass inte	cumenting, "Resident a i-chair" The resident isted back to the geri-c rventions to prevent the r in the geri-chair were	again tipped over in was assessed and hair. No new		Exhibit # 11	

AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM	/CLIA BER:	(X2) MUL A. BUILDI B. WING		(X3) DATE SURVEY COMPLETED
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Meda Record this number have half room told reach aware aware to the same aware aware to the same awar	Continued From page dated March 1, 2012, if the 4:20 p.m. fall, notine "skin tear to the left eleft side of head" The "ambulate the resider (every) shift."  Interview with the DON, Administrator's office, on p.m., confirmed the facing resident #2's safety.  Resident #11 was admit a suguest 22, 2011, with displayed 22, 2011, with displayed 22, 2011, with displayed 22, 2011, with displayed 23, 2011, with displayed 24, 2011, with displayed 25, 2011, with displayed 26, 2012, resident sitting on expectated September 1, 2011 and shift and finger painted with resident sitting on edge of feces thathad just pure displayed and finger painted with resing assistants) relay the resident sitting on edge of feces thathad just pure displayed and finger painted with resing assistants) relay the resident feces from the ched down with bare had being told to use toiles the entire shift"	revealed an investigating the resident sustainers of the resident sustainer	on of ed a to te Q	N1207	On 5/27/12 The Medical Director evaluated and assessed all residents with psychoactive medications residents with behavior diagnoses. The evaluation was also documented in the Medical Record on 5/27/12 ADON/DON/MDS Coordinator assessed all other residents for signs abuse, complaints of abuse, and any behaviors needing consultation of the physicia or Geriopsych Consultant.  This assessment began on 5/15/2012, completed on 5/27/12.  All residents care plans were reviewed by MDS Coordinator for appropriate behavior interventions. This process began on 5/15/2012,	OT  e 2.  of  a n
mera	rview on May 9, 2012, a apy room, regarding the 012, with the Director of	incident on January			completed on 5/29/12.	

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	"That's t	errible" and co	nfirmed the interventio		207			5/29/1
		appropriate for						
	Licensed	Practical Nurs	012, at 1:30 p.m. with se #3, (incident on Jan	uarv				6) 1 (1) 1 (1) 1 (1) 1 (1) 1 (1)
1	0, 2012	documented by	this nurse) by phone, was asked to clean up					
1	powel m	overnent from t	he floor Continued					
1	(residen	t) was suppose	Practical Nurse #3 sta	ted,				
(	(resident	did something	unreasonable."					
1	nterview	on May 14, 20	12, at 3:25 p.m., in the					
10	confirmed	resident has h	nursing assistant) #17 nad finger painting with					
1	eces and	will try to redir	ect when this occurs.					
116	rerapy ro	on May 14, 20 oom, with Socia n January 6, 20	12, at 3:40 p.m., in the Il Services, confirmed to 012, is abuse.	the			<i>.</i>	
R	esident #	16 was admitt	ed to the facility on					
10	ecember erebral P ncephalo	alsy, Seizure L	diagnoses including Disorder, and					
Me	edical red	cord review of	the nursing assessmer	nt				
mo	ited Marc oderately	th 15, 2012, retimpaired for d	vealed the resident wa	s		ø		
tot	ally depe d eating.	endent for all ac	ctivities of daily living,					
Me	dical rec	ord review of the	he Interdisciplinary					
/ Ca	re Plan la difficulty :	ast review June swallowing at t	e 16, 2011, revealed imesgive verbal					
end	couragen als"	nent to finish m	nealfeed at all					
		ord review of a			1	12		

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f III aa c c a m dd cc	"Observe excessive for feeddisplay was refusing the resident #16 displaying ar reported it to at this time reforcing the spfamily member of the illeged abuse member of the feeddisplaying ar reported it to at this time reforcing the spfamily member of the illeged abuse member of the feed	d resident's orce while a aying anger of the Care Plan the Care Plan the Administration of the Administration of the incident	(family member)usin thempting to and intolerancereside and intolerancereside and intolerancereside and intolerance and in the DON's office, Coordinator witnessed and the strator. Further interviewall family member was esident's mouth and the sangry.  Strator on May 14, 201 istrator's office, or had knowledge of the strator and the strator's office, or had knowledge of the strator or had knowledge or the strator or had knowledge of the strator or had knowledge or the strator or had knowledge or the strator or had knowledge or the strator or had knowledge or the strator or had knowledge or the strator or had knowledge or the strator or had knowledge or the strator or had knowledge or the strator or had knowledge or the strator or had knowledge or the strator or had knowledge or the strator or had knowledge or the strator or had knowledge or the strator or had knowledge or	ay d ew ee	N1207	DEFICIEN	THE APPROPRIATE CY)	5/21

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DAYTON, TN 37321  SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES REGULATORY OR LSG IDENTIFYING INFORMATION)  DEFICIENCY  N1207  Continued From page 23 can't use the call light; and is limited to thirty minutes for baths."  Interview with CNA #9 (day shift supervisor) on May 7, 2012, in the front lobby, confirmed the resident curses the staff frequently and the staff are instructed to disengage the resident's electric whelchair, place the resident in the resident's room, and shut the door if the resident starts yelling.  Interview with housekeeping supervisor on May 8, 2012, at 10-40 a.m., in the physical therapy room, confirmed the housekeeping supervisor did ask the resident, more than once, while holding a mirror "when you look in a mirror do you see a monkey?" Further interview at this time with the housekeeping supervisor confirmed the resident reported to the housekeeping supervisor that the DON's husband threatened (not defined) the resident and the housekeeping supervisor that the DON's husband threatened (not defined) the resident and the housekeeping supervisor that the DON's husband threatened (not defined) the resident and the housekeeping supervisor on full the resident do you see a monkey when you look in the mirror; the staff disengaged the resident's electric wheelchair when the resident cursed; and the electric wheelchair when the resident disengagement was on the care plan. Continued.		STREET	ADDRESS, CITY, STAT	E, ZIP CODE	05	/15/2012
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and the alleged abuse had not been investigated	and the alleged abuse had not been investi	inatad				1
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AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER, IDENTIFICATION NUME	CLIA BER:	A. BUILDING	LE CONSTRUCTION	(X:	B) DATE SURVEY COMPLETED
NAME OF	PROVIDER OR SUPPLIER	TN7201		B. WING			
			STREET ADDI	RESS, CITY, STAT	E, ZIP CODE		05/15/2012
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N11207			ino	CROSS-REFERENCED TO THE DEFICIENCY)	EAPPROPRIATE	DAT
	p.m., at the nurse's station, confirmed the resident curses the staff frequently; the CNA had been instructed to "place the resident in the resident's room when cursing; disengage the electric wheelchair; thirty minutes at most; shut the door if the resident starts yelling" and the resident was unable to use the call light while up in the electric wheelchair.  Interview with Registered Nurse #1 on May 8, 2012, at 3:00 p.m., at the nurse's station, confirmed the resident curses the staff frequently; instructed to leave the resident in the resident's room; shut the door if the resident starts yelling; and disengage the electric wheelchair.  Telephone interview with the DON's spouse on May 9, 2012, at 8:45 a.m., confirmed the spouse came to the facility March 6, 2012, heard the					5/29
tii ne th w	esident cursing the DO loorway of resident #1. me confirmed the spour of to use "that" language ne spouse placed the hat theelchair of the resider of want to talk to the spour to the spour spour spour the spour spour spour spour the spour spour spour spour the spour spour spour spour the spour spour spour spour spour the spour spour spour spour spour the spour spour spour spour spour the spour spour spour spour spour spour the spour spour spour spour spour spour the spour spour spour spour spour spour the spour spour spour spour spour spour the spour spour spour spour spour spour the spour spour spour spour spour the spour spour spour spour spour spour the spour spour spour spour spour the spour spour spour spour spour spour spour the spour spour spour spour spour spour spour the spour spour spour spour spour spour spour spour spour spour spour spour spour the spour sp	N and went to the Further interview at this se informed the resident the with the female staff; ands on the electric and; and the resident did ouse.				
on res ha CN res into wit Co info	elephone interview with 012, at 3:25 p.m., revea the phone with the fact sident #1 cursed the Clad been aware of the re- NA's spouse went to the sident about cursing the erview at this time reveauses the spouse talk intinued interview at this primed the Administrator aware if other staff repo	led the CNA had been illity in May 2011; NA; the CNA's spouse sident's cursing; the a facility "spoke" to the CNA. Further aled facility staffing with the resident.		·		2

	IDENTIFICATION NUMBER	A. BUILDII	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER	TN7201	B. WING_				
		STREET ADDRESS, CITY, ST	TATE, ZIP CODE	05/15/201		
LAURELBROOK SANITARIUM		114 CAMPUS DRIVE DAYTON, TN 37321				
TENOTI DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FUL SC IDENTIFYING INFORMATION	L ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE	N SHOULD BE COM		
Interview with the DON a.m., in the DON office 2011, around midnight cursing the staff; the rescursing; the resident's ebeen disengaged; the rein the resident's room we resident had not been a except by yelling; the resident had been left hours; the resident requesend of the twelve hours a bedtime was on third shift.  Telephone interview with (MD) on May 14, 2012, at placing the resident with a and known seizure activity disengaging the electric waccess to the call light wo intervention for the resident the staff. Further interview stated he had no expectate the resident should be che seclusion.  Telephone interview with N #1 on May 15, 2012, at 3:1 placing the resident in the redisengaging the electric who light is seclusion, and in the opinion was not an appropriate behaviors of cursing the staff. Resident # 2 was admitted to October 10, 2010, with diagnate and the second of the second of the staff. Resident # 2 was admitted to October 10, 2010, with diagnate and the second of the second of the second of the staff. Resident # 2 was admitted to October 10, 2010, with diagnate and the second of the second	I on May 14, 2012, at 9: , revealed on October 1: the resident had been sident refused to quit electric wheelchair had electric wheelchair had electric wheelchair had electric wheelchair had electric wheelchair had electric wheelchair had electric wheelchair had electric wheelchair had been placed iffloor assistance sident had a known /; the resident's electric t disengaged for twelve ested to go to bed at the eand had been informed if.  the Medical Director t 2:30 p.m., revealed a known seizure disorde y in the resident's room, wheel chair and without uld be an appropriate int's behavior of cursing y confirmed the MD ions of the frequency ecked on while in  furse Practitioner (NP) 2 p.m., revealed esident's room, eelchair, without a call e NP #1's professional iate intervention for iff. to the facility on posses including	9, d	DEFICIENCY	57		

ND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER TN7201	CLIA (X2) MULTER: A. BUILDIN B. WING		(X3) DATE COMPI	
AME OF P	PROVIDER OR SUPPLIER	1 1	CYPEST ASSESSED		05	/15/2012
	BROOK SANITARIUM		STREET ADDRESS, CITY, ST 114 CAMPUS DRIVE DAYTON, TN 37321	ATE, ZIP CODE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIE (EACH DEFICIENCY MUST BE PRECEDE REGULATORY OR LSC IDENTIFYING INFO		L ID PREFIX TAG	PROVIDER'S PLAN OF ( EACH CORRECTIVE ACTI CROSS-REFERENCED TO TO	ON SHOULD BE HE APPROPRIATE	(X5) COMPLE DATE
More " basint	assessment) revealed cognitively impaired, he and required limited state (Activities of Daily Livin Medical record review in history of falls and wannedical record review in nvestigation dated Januskin tear from a fall. No interventions were documentary 21, 2011, reveal anuary 12, 2011, reveal	of the nursing overmber 4, 2010, (prior of 23, 2012, (current the resident was severe as a history of wandering aff assistance with ADLs are vealed resident #2 hadering behaviors. The included review of a facilitary 2, 2011, sustained details of the fall or new imented.  If the care plan dated alled, "resident tried to resident (#1) and fell a Nurse's Note (for imber 13, 2011, reveale over bed railsassisted restigation or new nented.	ely g, s id a lity a	DEFICIENC	7	5/29/
to to to to to to to to to to to to to t	edical record review of abruary 29, 2012, at 4:0. Resident (#2) was in gitip it over on it's side with intinued review of the Furse's Notes revealed accumenting, "Resident ari-chair" The resident sisted back to the geri-cerventions to prevent the in the geri-chair were	0 p.m.revealed, eri-chair and managed ith resident still in it" february 29, 2012, n entry at 4:20 p.m., again tipped over in was assessed and chair. No new e resident from tipping				

AND PLAN	OF CORRECTION	ID	ROVIDER/SUPPLIER/ ENTIFICATION NUMB	CLIA ER:	(X2) MULTIP A. BUILDING B. WING	PLE CONSTRUCTION		E SURVEY PLETED
NAME OF F	PROVIDER OR SUPPLI	ER	1117201	^7-				5/15/2012
				STREET ADDRE	SS, CITY, STAT	TE, ZIP CODE		3/13/2012
LAUKEL	BROOK SANITARI	UM		114 CAMPUS DAYTON, TN	DRIVE			
(X4) ID	SUMM	ARY STATEMENT	05.55	DATION, IN	31321			
PREFIX	SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FI  REGULATORY OR LSC IDENTIFYING INFORMAT		L DN)	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ION SHOULD BE HE APPROPRIATE	COMP DA	
N1207	Continued From	page 28				DEFICIENC	1)	
	Continued From page 28  dated March 1, 2012, revealed an investigation the 4:20 p.m. fall, noting the resident sustaine "skin tear to the left elbow and a contusion to left side of head" The intervention was to "ambulate the resident for 15 min (minutes) (every) shift."			n of d a o te	11207			5/29
FAS	Interview with the Administrator's of o.m., confirmed the esident #2's safe Resident #11 was lugust 22, 2011, veizure Disorder, it trophy, and Hype	fice, on May to the facility failed by.  admitted to the with diagnose Dentatorubra	8, 2012, at 2:00 ad to ensure			£		
M da re co	edical record rev ated September 1 vealed the reside gnitive skills.	iew of the nur , 2011, and fi nt had sever	March 1, 2012, e impairment in					
Re of f mic this num hav hall room told reac after	edical record revieted January 6, 20 sident sitting on a eces thathad juildle ofroom. Over and finger paintesing assistants) ning increased beloway, nearly naked nearly naked, of the down with being told to use the entire shift	prize, revealed adge of bed to lest purposely rer this past were with feces, elay that this haviors of this does not redire the floor (leare hands to be toilet tissue.	"3:30AM poking at a pile pooped in the veekhas done CNAs (certified resident is s sort. Sitting in of resident's rect well. When					
Inter	view on May 9, 2 py room, regardi 12, with the Direc	012, at 9:15 a	nt on January					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPP IDENTIFICATION I		(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMB(	R/CLIA MBER:  (X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE COMPI	(X3) DATE SURVEY COMPLETED	
		TN7201		B. WING		-		
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE				05/15/2012	
LAUREL	BROOK SANITARIUM	a a	114 CAMP DAYTON,	US DRIVE	en Stant subsection of the			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FU REGULATORY OR LSC IDENTIFYING INFORMATI		£ IN)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE AI CROSS-REFERENCED TO	CTION SHOULD BE THE APPROPRIATE	(XS COMPL DATE	
find the control of t	"That's terrible" and come and appropriate for the view on May 14, 20, 2012 documented by confirmed the resident bowel movement from interview with Licensed (resident) was suppost (resident) did something the view on May 14, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20	confirmed the intervention or this behavior.  2012, at 1:30 p.m. with rese #3, (incident on January this nurse) by phone, was asked to clean up to the floor. Continued of Practical Nurse #3 statisted to correct itif ag unreasonable."  2012, at 3:25 p.m., in the Inursing assistant) #17, had finger painting with irect when this occurs.  212, at 3:40 p.m., in the al Services, confirmed the 1012, is abuse.  214 the nursing assessment of the nursing assessment of the facility on an diagnoses including Disorder, and  215 the nursing assessment of the nursing assessment of the facility on the facility on the facility on the facility on the facility on the facility on the facility on the facility on the facility on the facility on the facility on the facility on the facility on the facility on the facility on the facility of the facility on the facility on the facility on the facility on the facility on the facility on the facility on the facility of the facility on the facility on the facility on the facility of the facility o	ary he ed.	N1207	DEFICIEN	NCY)	5/29	
end	difficulty swallowing at couragement to finish nals"	limesgive verbal nealfeed at all				20		

AND PLAN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUME	CLIA BER:	(X2) MULTIPL A. BUILDING	LE CONSTRUCTION		E SURVEY	
NAME OF	00011000	TN7201		B. WING		- 1		
NAME OF	PROVIDER OR SUPPLIER	The second company of the same same same same same same same sam	STREET ADDRESS, CITY, STATE, ZIP CODE				05/15/2012	
LAUREL	BROOK SANITARIUM		114 CAMPUS DAYTON, TN	DRIVE	-, c., c., c., c., c., c., c., c., c., c.			
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FIN		LL ON)	PREFIX TAG	THE APPROPRIATE		(X COMP DA	
i se co a a m dd co	"Observed resident excessive force white feeddisplaying ange was refusing to eat"  Interview with the Care 14, 2012, at 11:00 a.m confirmed the Care Planesident #16's family in displaying anger on Fereported it to the Admirat this time revealed the forcing the spoon in the family member's tone was the confirmed the Admirat 1:40 p.m., in the Admirat 1:40 p.m., in the Admirating abuse of reside leged abuse of reside.	's (family member)using attempting to per and intoleranceresider and intoleranceresider and intoleranceresider and intoleranceresider and intolerance witnessed and and and and and and and and and an	lent lay d ew he	N1207	DEFICIEN	(CY)	5/2	